



Profession has to work together for the future, President tells AGM

The pharmaceutical profession needs to work together to face the challenges introduced by the Government's "Trust, assurance and safety" White Paper, the President, Hemant Patel, told the Royal Pharmaceutical Society's 166th **annual general meeting** on 16 May. He called on the profession to show innovation, ambition, strength and confidence.

The President said: "All in all, the Society has enjoyed a particularly busy year — a year in which we have concentrated on preparing for the challenges that lie ahead. Our profession has been in the public focus more perhaps than ever before, and the Society has responded to ensure that the outcome takes our members' interests and public safety fully into account. The changes that began during 2006 continue to make themselves felt during 2007. On behalf of its members, the Society is successfully adapting to them and embracing the opportunities they bring.

He added that the changes proposed in the White Paper are the biggest challenges facing the profession for over 160 years. The Society believes that the formation of a "body akin to a royal college" and a General Pharmaceutical Council will bring lasting benefits to professionals, to government and to the public. "The Society wants the profession to be innovative, ambitious, strong and confident. To achieve its wishes the profession would need robust and appropriate support structures at local and national level. To achieve these changes we need to work together on the challenges that we face in the future."

Earlier, opening his address, the President said: "These are changing and challenging times for pharmacy but I genuinely believe that there has never been a more invigorating, inspiring and fast-moving period for the profession. Pharmacists play an increasing role in today's multidisciplinary health care team. More than ever before, they are being recognised for their clinical skills as well as for their expert knowledge of medicines. It is one of the Society's major roles to ensure that our members are as well placed as possible to seize the opportunities now available to them and to help them adapt to, and embrace, this change."

He added that it was the strength of the Society's heritage that had given it such a firm foundation on which to build for the future.

The President then went on to summarise some of the Society's main activities during



Jon Terry/IRPSGB

The President: Society is in the spotlight

2006. Among these were the launch of Pharmacy 2020, the creation of the national pharmacy boards, the Society's work to influence the content of the Pharmacists and Pharmacy Technicians Order 2007, its preparation for mandatory continuing professional development, the launch of a new strategy on patient and public involvement in the Society, the revision of the Code of Ethics, the third pharmacy workforce census and consultation on the Society's education review.

A common theme of the Society's work was the length to which it went to ensure that members could make their views known and help shape the future of the profession. The Society was also proud of the measures it took to anticipate and provide the support its members needed to help them in their work and careers.

The spotlight was shining brightly on the profession, as members responded to the greater opportunities arising from independent prescribing status. The media had quickly picked up on this latest development in public health care and it was vital for the Society and its members to demonstrate that patient safety was at the heart of all they did.

The Society was keen to remain in the spotlight and to continue making its voice heard by the UK governments and by the European Union whenever their agendas include a subject that could affect the profession and its members.

This week

■ Annual general meeting

The Society's annual general meeting heard an appeal for the profession to work together (p6230) and was warned of a possible large fee increase (p624).

■ Council meeting

A proposal that non-pharmacist bodies should be able to affiliate to the Society has been rejected by the Council on the President's casting vote (p629).

166th annual general meeting

Reports on this and the following five pages are from the 166th annual general meeting of the Royal Pharmaceutical Society, held at the Society's headquarters on 16 May. The meeting was chaired by the President, Hemant Patel.

Change of emphasis in fitness-to-practise processes

Processes in the Royal Pharmaceutical Society's Fitness to Practise Directorate are becoming more rehabilitative and warning letters are giving way to helpful advice, the Society's **annual general meeting** heard.

Mandie Lavin, director of fitness to practise, told the meeting that in 2006 the Society received 821 complaints compared with 874 in 2005. The number of pharmacists removed from the Register for fitness-to-practise reasons halved. In addition, the Infringements Committee issued 50 per cent fewer warning letters, while doubling the number of advisory letters offering helpful guidance.

Those statistics, she said, pointed to a firm foundation for building the future under the Pharmacists and Pharmacy Technicians Order 2007. There were now more rehabilitative processes available for the directorate to use to help people to get it right. In addition, the advisory service handled 11 per cent more calls, helping more people "to get it right before they get it wrong".

Ms Lavin was responding to comments by Mark Koziol, chairman of the Pharmacists Defence Association, who alleged that innocent pharmacists were being taken through the Infringements Committee process and facing months of grief before their cases were dropped because mistakes had been made. He was not able to give any examples, but he asked that the matter be investigated and that the Society introduce a more transparent process in the interests of the profession and the public.

Substantial rise in retention fee may be inevitable

A substantial increase in the Royal Pharmaceutical Society retention fee is inevitable unless the Society can persuade the Government to help fund the increasing cost of regulation, the Society's **annual general meeting** was told on 16 May.

During his annual report for 2006, the President, Hemant Patel, warned that the regulatory changes introduced by the Pharmacists and Pharmacy Technicians Order 2007 would all come at a substantial financial cost. He said: "The burden on the Society to implement these regulations continues to grow and inevitably our costs have also grown." "We have tried, over the past two years, to avoid increasing the financial burden on pharmacists by limiting the rise in retention fees and arguing for a more equitable share of costs to be funded through the premises fees. Disappointingly, our arguments have not been heeded by the Department of Health. If we are to grasp the opportunities presented by the exciting but challenging future that lies ahead, we must have the funds available to allow us to do so.

"I am afraid, therefore, that unless we are able to persuade the government to help fund the increasing cost of regulation, substantial increases in the retention fee are inevitable."

Warnings of future financial problems also came during the course of presentations by the Treasurer, John Jolley, and the Director of Finance and Resources, Bernard Kelly.

Presenting the financial reports for 2006, the Treasurer said that the Society's income and expenditure account for 2006 showed an operating surplus of £112,000 on the year after interest receivable and payable on loans was taken in to account, there being no corporation or overseas tax due for the year.

Income for the year amounted to £33.328m (up 0.9 per cent on 2005), with membership and premises fee income accounting for 41 per cent and publications for 52 per cent. Expenditure amounted to £33.553m, an increase of £0.276m (up 0.8 per cent).

A pension contribution of £1.959m was made to reduce the FRS 17 pension deficit of £4.882m. However after recalculating using the 2006 assumptions, the deficit was only reduced to £4.376m. [Financial Reporting Standards 17 requires any company or organisation offering a defined pension scheme to report the current status of the pension fund in the accounts and balance sheet.]

The accumulated funds at 31 December 2006 before the pension deficit was applied amounted to £8.379m. But after incorporating the current year deficit of £4.376m the retained reserves fell to £4.003m.

He added: "In accordance with current regulations we will be carrying out a full actuarial valuation as at 31 December 2006. We await the outcome with considerable interest as any further reduction in the



The Treasurer: £112,000 operating surplus



Bernard Kelly: healthy cash balance

Society's reserves will be a matter of concern and will necessitate immediate action.

"The Society's balance sheet remains relatively strong with higher levels of investments in fixed assets together with reasonable cash balances at the year-end.

"The Council places a high regard on its fiduciary responsibility to ensure that the highest professional standards of financial management are applied to the Society's finances at all time. Financial management is not just about how we do things day by day but about protecting the future and the legacy we leave to those who come after us."

The Treasurer said that the Society faced a number of difficult decisions in the coming year. Implementing the provisions of the Pharmacists and Pharmacy Technicians Order 2007 would require significant additional cost if the Society was to meet its new regulatory responsibilities. Establishing the General Pharmaceutical Council would necessitate additional start-up costs for the new organisation. And, most importantly, the costs associated with establishing a separate

professional leadership organisation would be considerable and the Society would have to be innovative when considering the affordability of its activities in the future.

He continued: "Funding will require critical examination, as we cannot expect the membership to pick up the bill for everything. Government support will be essential if we are to build a viable organisation to provide for the future needs of the profession in the time scale proposed. But I believe we must resist Government pressure in dictating the structure of such a new professional organisation as we will achieve a much stronger union by reaching consensus between the various specialisations across pharmacy."

Addressing specific issues in the financial statements for 2006, Mr Bernard Kelly said that in 2004 the Council had adopted a financial strategy with the aim of achieving long-term financial sustainability for the Society. The three main planks to this strategy were to reduce reliance on the financial contribution from RPS Publishing, to fund regulatory and professional activity from the premises fees and retention fees and to build the Society's reserves from the publishing contribution. The aim had been to achieve these objectives over time but, although some movement had been made towards them, progress had been limited for the following reasons:

- After the Society had budgeted to reduce its reliance on publishing, the actual contribution from RPS Publishing had declined as the result of a severe downturn in the demand for classified advertising and the need to invest in the digital future of its core products
- The rise in the level of retention fees had been limited because the Council had sought to curb the financial burden on members
- The cost of regulatory activity had risen considerably each year
- The Society had had no success in its attempt to persuade the Department of Health that a more equitable share of the regulatory costs should be borne by premises fees
- The pension fund deficit has increased and the Society's contributions to the fund had risen considerably

Mr Kelly said that the Council has recently reconfirmed the financial strategy and the Society continued to hold the objectives firmly in mind. In the light of the uncertainties over the future role of the Society, pursuing these strategies was more important than ever. But, in the absence of any new sources of funding, the Society's reliance on its traditional sources of income would inevitably increase substantially. The Society would, of course, also look to reduce or hold back expenditure in all areas and it was currently considering

how it might restructure itself to reduce expenditure and to reflect the implications of the recent White Paper.

Mr Kelly said that the Society's financial position was not desperate but it was far from the comfortable position he would like the Society to be in and it was a considerable distance away from target.

A major factor affecting the Society's financial health was, of course, the pension fund. Like most organisations in the UK, the Society had a deficit in the scheme, which had been closed to new entrants in January 2003. Since 2005 accounting standards had required that the deficit on the scheme should be reflected in the Society's balance sheet. That was entirely logical because the deficit was a responsibility from which the Society could not walk away.

Since the actuarial valuation in 2003, the Society had been making additional contributions into the scheme to reduce the past service deficit. And towards the end of 2006 the Council decided to make an exceptional contribution of a little under £2m. Unfortunately, changes in assumptions such as life expectancy had increased the scheme's liabilities by an amount almost equivalent to the additional contribution.

The impact of the additional contribution on the balance sheet was to reduce the cash balances by the same amount as the reduction in the deficit. If the contribution had not been made, the deficit would have been higher but then so would have been the cash

Benevolent Fund assets increased by more than £1m in 2006

Thanks to healthy growth in the values of its investments, the net assets of the Society's Benevolent Fund stood at £10.6m at the end of 2006, Mr Kelly told the AGM. That was an improvement of just over £1m over the previous year.

As a result of the closure of Birdsgrove House in 2005, Benevolent Fund income fell in 2006 from just over £1m to £605,000. However, expenditure also dropped substantially and as a result the total deficit on ongoing activities declined from a loss of

£995,000 to a loss of £143,000. Protracted negotiations for the sale of Birdsgrove House for £2m were finalised in 2006 and completion took place at the end of March 2007.

Mr Kelly said that, with the establishment of a trust deed in 2006, the Council had resigned from their role as trustees of the Benevolent Fund and a new board of trustees had been appointed. The new arrangements allowed the trustees to act clearly and solely in the interest of the fund without any suspicion of any potential conflict of interests.

balances and the net asset position would be unchanged from that reported.

Mr Kelly pointed out the prescriptive methodology used for FRS17 valuation was notoriously volatile because it used assumptions based on the financial markets at a particular date. But key assumptions, such as the return on long-term bonds and the value and rates of return on equities, fluctuated on a daily basis. Therefore the valuation when carried out at the end of 2007 could be substantially different from that at the end of 2006. However, he had no expectation of it worsening substantially.

The rest of the Society's balance sheet remained fairly strong, Mr Kelly said. The Society had increased its investment in property through the refurbishment of the headquarters building and the purchase of a

new building in Cardiff to house the Welsh Office.

Debtors were higher as a result of the publication of Martindale late in 2006 while creditors were higher because more pharmacists had taken advantage of the internet to pay their 2007 retention fee before the due date of 1 January.

The Society's cash balances — at £4.9m after the additional pension contribution — remained relatively healthy, Mr Kelly said, but he would be seriously concerned if any further deterioration were to occur.

Answering a question, the Society's financial controller, Graham Duncan, said that the income generated by the Society in 2006 from the regulation of technicians was £421,000 and expenditure on their regulation was £350,000.

Revised Code of Ethics and Standards is on target for 1 August start

The Royal Pharmaceutical Society's revised Code of Ethics for Pharmacists and Pharmacy Technicians is still on target for implementation on 1 August, the Society's **annual general meeting** heard.

The revised code was presented to the meeting by Lynsey Cleland, the Society's head of professional ethics, who reminded the meeting that a fundamental review of the current Code of Ethics and Standards and the Code of Ethics for Pharmacy Technicians had been in process since late in 2005. A series of consultations had been completed

in January and the final draft code had been adopted by the Council at its March meeting (*PJ*, 7 April, p407).

Because the revised code was based on general principles, it would be supported by a number of more specific professional standards documents. Consultations had now taken place on seven such documents (*PJ*, 20 January, p82, and 3 March, p263). The Council had chosen 1 August as the implementation date so that the code and the standards documents could come into force together after approval of final versions of the

latter. Copies of the final revised code would be sent to all members and registrants before 1 August.

The President, Hemant Patel, said that the meeting was not being asked to adopt the code, as had traditionally been the case with code amendments or new codes. Adoption by the AGM was not necessary because there was now a clear legislative requirement for the Society to set the code. This was contained within the Pharmacists and Pharmacy Technicians Order 2007 (pharmacy's Section 60 Order under the Health Act 1999).

AGM rejects motion objecting to technician role in professional body

After an impassioned debate, the Royal Pharmaceutical Society's **annual general meeting** rejected a proposal demanding that the Council give no further thought to the possibility of pharmacy technicians becoming full members of either the Society or a new body akin to a royal college.

The motion, proposed by Mark Walker (Oxford), read as follows: "The annual general meeting directs Council and the Society to discontinue any consideration, discussion or action that may lead to pharmacy technicians

becoming full members of the Society or of the proposed royal college."

Eighteen members contributed to the debate. Supporters of the motion thought that technician membership would damage the status of pharmacy in the eyes of the public. They included Sandra Gidley, MP, (Romsey, Hampshire), who said that royal colleges were all about excellence. The new body should only represent pharmacists, she said, because that was the only way to ensure a body of true excellence that would command respect.

Most opponents believed that the new body would gain strength from involving the whole pharmacy family. Others rejected the motion on the ground that discussion should not be stifled before it is known what all the functions of the new body might be. And towards the end of the debate, Jen De Val (London) made the point that the length of the debate had clearly demonstrated a need to continue discussing the issue.

The motion was lost by 48 votes to 34, with four recorded abstentions.

Society urged to tell Government it should “butt out”

A suggestion that the Royal Pharmaceutical Society should tell civil servants and ministers to butt out, and stop interfering in the future of pharmacy's professional body, was among a number of forthright comments made by members of the Society who attended a presentation by the Secretary and Registrar, Ann Lewis, before the **annual general meeting**.

The comment, which was applauded by the meeting, was made by Alan Rogers (Epsom) during discussion after Miss Lewis spoke on the White Paper “Trust, assurance and safety” (*PJ*, 24 February, p207; see also subsequent *PJ* News Features), taking account also of aspects of the Carter report on pharmacy regulation, which was published only that morning (*PJ*, 19 May, p573).

When the discussion opened, John Balmford, a past president of the Society, said that the Society had to continue as the body that would carry out the role outlined in the White Paper for the “body akin to a royal college”. It had been a Pharmaceutical Society for over 160 years and should not lose its historic prestige. The public respected it and looked up to it, as Sydney Holloway had pointed out earlier in the evening when receiving his Synergy award (see p628).

Mr Balmford added that the professional body should be for pharmacy graduates and not just pharmacists. It should include those pharmacists no longer registered to practise plus the many outstanding pharmaceutical scientists who were not on the Register because they had not completed preregistration training. But he did not believe that pharmacy technicians should be included.

Answering a question from Peter Jones (Edinburgh), the Secretary and Registrar said that she expected that people appointed to the Society's new statutory committees would also be included on the panel for the General Pharmaceutical Council. She could see no sense in it starting with a clean white sheet.

Gerald Zeidman (Edgware) said that he was concerned about the set-up costs for the two new bodies. Would they be Government financed or come from the Society?

The President said that the Society had made it clear that it expected the Government to bear the costs.

Mr Zeidman asked what would happen to the assets of the Society.

The Secretary and Registrar said that the assets of the Society belonged to the Society.

A member referred to Lord Carter's comments that no one body could become the “body akin to a royal college” and asked how the Society saw its role in bringing about that body, given that there were many seats around the table and many leaders outside the Society, all wanting to work together now.

The President said that pharmacists had a unique opportunity to achieve much by working together — and an awful lot to lose if they were divided. “My intention,” he said, “is



Part of the audience at the pre-AGM session on the White Paper

to make sure that through regular engagement with all the bodies in pharmacy and outside we are able to harness the enthusiasm, the energy and the imagination to create a new vision, where we are able to recognise the diversity in the profession, respect for each sector and support each other, because genuinely I believe that, if we can develop a clinical agenda working in partnership with others, we have a very bright future.”

Mr Rogers said that from the Secretary and Registrar's presentation it seemed that Government policy had been transparent for 10 years. So why had the Society spent so long struggling to stay as a dual-role body when it could perhaps have been sorting out some of these problems a long time ago?

The Secretary and Registrar replied that Government policy had changed over 10 years. The Government White Paper “A first class service” had positioned self-regulation within the first class service framework of quality. It was the response to Shipman that had changed the picture.

The President said that it was important for all pharmacists working everywhere to focus on what they want out of the new professional body. At present, he did not sense that pharmacists have a clear view about what they want from a professional body. All pharmacists have to ask themselves what they want from their professional body in the future and what commitment they are willing to give. Similarly, they have a right to ask what will they get in return.

The White Paper was based on education and standards, but there was more to a professional body than that — for example, the Society's benevolent work. The Society could also be proud of its branches, and the President would like to see a much stronger structure supporting pharmacists at a local level. He hoped there would be a robust debate respectful of different views, leading eventually to a common solution that all can sign up to.

Mr Rogers said that the meetings already held had mainly involved relatively small organisations. There had not yet been feedback from the general membership, from community and hospital pharmacists. “You have got to get them on board or there is no future for this organisation,” he suggested. “Much as I respect all the bodies and welcome their involvement, I do not think they can be assumed to be representative of the general pharmacists' view.”

The President said that the debate about general practice and specialist practice had to go on but taking into account that 75 per cent of practitioners are generalists.

Linda Stone (Solihull), another past president, said that she hoped that discussion on the new professional body people would not focus on what particular factions in pharmacy would want but would reflect on what the whole profession needs for the future, so that future practitioners can go on to develop and deliver the best possible pharmaceutical care to the public and patients.

Nicholas Wood (Chelmsford), also a past president, said that one important point was the need to create a pharmaceutical body that was inclusive. While he had a certain amount of sympathy with Mr Balmford, all those involved in pharmacy one way or another needed to be involved in the new body — not necessarily as full members but perhaps as affiliates or associates.

What was particularly important, said Mr Wood, was to try to create the new body out of a metamorphosis of the Royal Pharmaceutical Society — and it seemed that Lord Carter's report might help. One crucial requirement was to have the support of community pharmacists. This could be a problem when starting a completely new “body akin to a royal college”, but he believed that with goodwill and hard work community pharmacists would buy into a metamorphosis of the Society into that body. He felt strongly that that was what pharmacists really wanted to do, but nobody should underestimate the challenge.

The President closed the session by re-emphasising the need for pharmacists to go back to basics, focus on what the professional body should do in the future and then work out what structures would support what they wanted. Only then should its name be considered, and the romance of a “Royal College” should not be allowed to guide decisions.

At the end of the AGM, responding to a tribute paid to her as she approaches her retirement, Miss Lewis accused the Government of placing undue pressure on the Society — not over the requirements for regulation but over the functions and structure of the professional organisation that would work with the GPhC. She believed it was a matter for the profession, and that view had been echoed strongly at a meeting of over 100 fellows the previous evening.

Charter medals go to two clinical pharmacy innovators

The Royal Pharmaceutical Society's Charter medals for 2007 have been presented to two pioneers in the development of pharmacy-led clinical services. The Charter gold medal has been awarded to John Cromarty, director of pharmacy at NHS Highland, and the silver medal has gone to Noel Baumber, a community pharmacist from Grantham.

Making the presentations at a ceremony before the Society's **annual general meeting**, the President, Hemant Patel, said that the medals, instituted in 1963, are awarded by the Council on the President's recommendation. The gold medal recognises outstanding services rendered by a member to the Society or generally in promoting the interests of pharmacy. The silver medal recognises similar outstanding services rendered by a member locally or to a specific sector of the profession.

This year, said the President, he wanted to highlight the development of pharmacist-led clinical services, recognising pharmacists who have contributed to pharmacy's progress as a clinical profession by influencing developments through their own example. Both had to fight the prejudices of the day and overcome the barriers faced by innovators. In their case, the barriers were rigid professional boundaries and a narrow vision preventing pharmacists from serving patients better and getting fulfilment from their work. But, their passion, energy, commitment and persistence enabled them to overcome the barriers and make progress that will benefit patients and pharmacists.

Gold medal: John Cromarty

Presenting the gold medal, the President said that Professor Cromarty graduated from Heriot-Watt University in 1973 and went on to obtain MSc degrees in pharmacology and clinical pharmacy at the University of Strathclyde. He worked in community, hospital and academic pharmacy and as a specialist in clinical pharmacy and in education and training before taking up his current post.

His achievements were many. He played a key role in establishing and developing formal postgraduate education and training in clinical pharmacy in London and South-East England. He was the first national specialist in postqualification education for pharmacists in Scotland and established both the national and area postgraduate tutor structure and the annual programme of national and area direct learning courses. He also established an accreditation procedure for postgraduate degree courses. He was the first national specialist in clinical pharmacy for Scotland and chaired the production of national guidelines on counselling in community practice and on clinical pharmacy practice in hospitals and in primary care. He also led programmes of clinical research that shaped pharmacy practice development in Scotland and informed UK and international policy.

Professor Cromarty was an influential leader in clinical pharmacy and in education and



Professor Cromarty receives his Charter gold medal from the President

training. He had enthusiastically represented and promoted the highest standards in the profession, and engaged at a strategic level with other health care professions. He had been instrumental in bringing pharmacy's unique blend of knowledge and skills to the development of clinical effectiveness and clinical governance in Scotland.

In reply, Professor Cromarty said that he felt honoured to receive one of the Charter medals in such a challenging year for the profession. He was grateful to many colleagues and friends for their support and encouragement over the years. There were far too many to name, but they knew who they were.

Silver medal: Noel Baumber

Presenting the silver medal, the President said that Noel Baumber had graduated from the University of Bradford and spent 37 years in community pharmacy. He had owned four pharmacies in Lincoln and Grantham and worked as a locum pharmacist for six years before starting his current pharmacy in 1992.

He had devoted an enormous amount of time to pharmacy interests. He was vice-chairman of Lincolnshire Local Pharmaceutical Committee, having been a member since 1973 and secretary for 13 years. He had served for two three-year terms on the Society's Council and for eight years on the Pharmaceutical Services Negotiating Committee, representing the Trent region.

His approach to community practice had focused on the patient experience, and he had tried to provide a bridge between local concerns and national intervention and to spread good practice. He had been involved in efforts to stabilise the growth of doctor dispensing when it threatened to deprive rural areas of pharmacy services. He had run the first training day for Lincolnshire pharmacists on hypertension and persuaded the LPC to fund the distribution of sphygmomanometers and stethoscopes. He had produced one of the first



Mr Baumber receives his Charter silver medal from the President

patient referral forms to encourage patients to give GPs an accurate record of the pharmacist's advice. He had acquired government funding to devise, research and demonstrate a dynamic card-file system of audit that would be easy to operate in a pharmacy.

As chairman of the Society's Science Committee in early 1990s, he had responded to the needs of patients by giving priority to creating the first list of 50 prescription-only medicines that should be made available for counter sale through pharmacies. As a PSNC member, he had designed the first medicines management forms that would act as a practical net to catch all types of intervention that patients would need. As with patient referral forms, he intended this to consolidate the triangle of interactions between the pharmacist, the patient and the prescriber.

An interest in providing a local resource of palliative care had led him and his wife Jill, a GP, to found a hospice charity to provide respite care, day care and "hospice at home" care for the terminally ill. He had also tried to make primary care trusts recognise the value of domiciliary medicine trays in keeping the elderly out of hospital, cared for under the weekly scrutiny of the local pharmacy.

A major interest had been the recognition of the worth to the community of the pharmacist-owned pharmacy. He was a founder of the Independent Pharmacy Federation, set up in 2005 to show that individual contractors, wholesalers and suppliers are a mutually dependent part of the independent sector and of public importance, with a right to be heard.

Mr Baumber, in response, said that the award was a great honour that he was proud to accept. Thanks had to go to his wife Jill and to many like-minded colleagues over the years.

Over the years, he said, he had really tried to improve the relationships between the patient, the prescriber and the pharmacist and improve the flow of information. That was still the centre of the agenda for the future.

Synergy award presented to Sydney Holloway, historian of the Society

The historian Sydney Holloway has become the latest recipient of the Synergy award, made annually by the Royal Pharmaceutical Society, made annually to a non-pharmacist who has made an outstanding contribution to the pharmacy profession.

Presenting the award at a ceremony before the Society's **annual general meeting**, the President said that the Council had made the award annually since 2000. The award was a sculpture produced by James Reynolds, FRPharmS, a former Editor of *Martindale*.

Mr Holloway, said the President, had studied history at University College London and then become research assistant to Professor Charles Singer, the doyen of historians of medicines and science. He had a solid body of work in pharmacy, beginning with his book on the political and social history of the Society, commissioned to mark the Society's 150th anniversary in April 1991. It was a work of immense scholarship, which was a tremendous resource for pharmaceutical historians and would repay close study by those who would seek to steer the future direction of the Society today.

Mr Holloway's book was followed by many other commissions, the President said. He made a key contribution to the supplement in *The Pharmaceutical Journal* marking the 150th anniversary of the *PJ* itself in August 1991. His contribution reminded readers of *The Journal's* key role over the years in setting the tone for and forging the character of the profession in Britain.

When the school of pharmacy at London University celebrated its 150th anniversary in 1992, Mr Holloway contributed to a special *PJ* supplement chronicling the early years of what was then the Society's own school. The Society's founding fathers, he recorded, recognised from the beginning the crucial



Sydney Holloway receives the Synergy award from the President

an informed observer — a critical friend — standing apart from the fray. Pharmacy is fortunate to have just such a person in Sydney. We have seen telling letters and articles from him on such things as the public interest in professional governance . . . and the future of professional representation.

"Sydney remains an avid reader of the *PJ* and we can expect further input from him into our professional affairs both now and in the future. I, for one, value this, as I do the unsurpassed and unique contribution he has made to the pharmaceutical literature. Pharmacy has been greatly enriched by Sydney and his work. He is a worthy recipient of the Synergy award."

In reply, Mr Holloway said that, having spent the most important part of his working life researching its history, he had developed a deep regard for the Society and a profound admiration for its achievements. It was therefore a great honour to receive the award and thus himself to become a small part of the Society's history.

Mr Holloway continued: "As a professional association, the Society has earned the respect, support and dedication of generations of its members. One-hundred-and-sixty years ago, Jacob Bell wrote in an editorial of *The Pharmaceutical Journal*: 'The Pharmaceutical Society was designed as a means of raising the qualifications of pharmaceutical chemists and placing between them and unqualified persons a line of demarcation.' It is my vehement wish that the Society will proudly retain its illustrious name and will remain in the future, as it has always been in the past, an exclusive professional association of individual fully qualified pharmacists. Only in that way will it continue to be held in high esteem by ordinary members of the general public like myself."

importance of education in raising the status of practitioners. Other key anniversaries that he had helped the *PJ* to celebrate were the 150th anniversary of the Pharmaceutical Society in Scotland in 2001 and the 75th anniversaries of the National Pharmaceutical Association in 1996 and the Guild of Healthcare Pharmacists in 1998.

Editors over the years had been only too glad to call upon his services, for his articles were always supremely well written and full of relevant information and wise analysis.

The President continued: "Anniversaries are a time of taking stock, but professions don't just stand still. They are in a constant state of change. And it is easy for members of the profession and its governing bodies to think that they are the only ones capable of understanding the issues and coming to sensible decisions. This is a mistaken position. There is always a need for

Certificates presented to members designated as fellows in 2006

At a ceremony held before the Royal Pharmaceutical Society's **annual general meeting**, certificates of fellowship of the Society were presented to the 14 pharmacists who were designated as fellows during 2006 (*PJ*, 24 June, 2006, p746, and 6 January, p30).

The photograph shows the new fellows on the Society's fifth floor terrace with the President, Hemant Patel: left to right, Anthony Smith, Christopher Budgen, Claire Anderson, Thomas Chapman, Mike Smith, John Timmins, the President, Elizabeth Read, Stuart Anderson, Stephen Bazire (behind), Rose Marie Parr, Peter Jones, Steve Wicks, Chris Martin and Ray Fitzpatrick.



Council rejects affiliation by non-pharmacist bodies

The Council of the Royal Pharmaceutical Society has rejected a suggestion that bodies such as the Association of Pharmacy Technicians UK and the Academy of Pharmaceutical Sciences should be able to affiliate to the Society and receive paid services.

At a **special Council meeting** on 16 May, John Gentle proposed: "This Council believes that as soon as possible the Society should begin a process to enable it to recognise affiliate bodies whose members benefit from paid services agreed to be provided by the Society." He said that the Society had been consulting widely with its members and others on the many aspects of the Government-proposed "body akin to a royal college". One participant in the discussions had said that her organisation, like many others, had difficulty to committing to a concept of a royal college, because it did not know what it was committing to, and that the Council needed to put some proposals in place to give people a better idea of what they were, or were not, committing to.

Mr Gentle said that his motion did not commit the Council to any action other than to begin an investigation, but it did give an idea of a direction of travel. Various people — erroneously, in his view — had indicated that the Council and the Society had not been as inclusive as they might have been when forming policy.

There was a need for the Council to formalise its relationship with other bodies, and it should do so publicly. It did not have to wait for the formation of a royal college. Nothing stopped it from beginning to align itself with the function of a royal college now.

Andrew Gush, seconding the motion, said that bodies such as APTUK and the APS should be able to affiliate to the Society while retaining their unique identity and their ability to argue their own points of view. Affiliation would provide access to resources such as the library services, information department and educational material and the Society would benefit from increased revenues.

Bob Michell said that the Council had already welcomed a report that identified a large number of organisations that would like to work with the Society. But the first half of the motion suggested a problem with doing that and the second half seemed to exclude affiliation of bodies that did not benefit from paid services. He would therefore abstain.

Martin Astbury said that the motion was suggesting that the Society should make sure that it begins the process. Even if the process was already there, it should be made explicit. He supported the motion.

Peter Jones, chairman of the Welsh Pharmacy Board, said that his board's unanimous view was that the Council should not set in train actions that could preclude any type or category of membership of a professional leadership body. To take a

decision with undue haste was not in the interest of the public or the profession.

Brian Curwain said that he could not support the motion because it could be interpreted as saying that people other than pharmacists could only be on the edges. His view was that there were important roles for pharmaceutical scientists, many of whom had higher academic qualifications than most Council members, and pharmacy technicians.

Stephen Denyer said that he applauded the motion's intention but he had reservations about being restrictive to one type and form of engagement. It was premature, in that the Council should be looking at what affiliation might mean, what it brought to various organisations and the additional mechanisms that might be available.

Sid Dajani said that the motion was a no-brainer, since it simply wanted to start a proactive process ahead of its time.

Lorna Jacobs said that the motion related to the Society but could be seen as an attempt to tie the hands of a potential royal college.

Jonathan Buisson said that the motion was not about inclusion but about "members only, for now, for ever", and that was not the position the Society needed to be in as it attempted to form the core of "a body akin to a royal college". The Council was not in any position to decide what that body looks like.

Colin Ranshaw said that he had no problem with the first part of the motion because the Society needed to start identifying groups to talk to, but he had a problem with the issue of paid services, which could lead to a Catch 22 situation.

The President (Hemant Patel) said it would be helpful to separate what is being asked of the Society and what is being asked of the future proposed body. What he was hearing was confusing. The motion as written was about what the Society should do now.

Marcia Saunders said that the President was right to draw the distinction between the Society and a future royal college. The Society needed to be careful not to give the impression that it had made assumptions. The motion was seriously pre-emptive and would be misunderstood.

The Treasurer (John Jolley) said that he fully supported the principles of consultation with all sectors of pharmacy over the membership of a future royal college-type organisation. But the motion implied possible exclusion from such a future body for those not registered as practising pharmacists. If that were the case, then the professional body would be weaker because it needed representation from all sectors of pharmacy. For that reason, he opposed the motion.

Douglas Simpson said that his goal was a body capable of representing the views of pharmacists as pharmacists. Their interests overlapped, but were not identical with, those of others such as technicians. Technicians needed their own distinctive voice if they

were to be heard in the debate about how the pharmacy profession should be organised. He supported any mechanism leading to a body is able to represent the views of pharmacists in a democratic and distinctive fashion.

John Hanlon said that the Society was composed of its members and, whatever the Council decided, at some stage it would have to ask the members to decide what they wanted. An acknowledgement of that would be a good message from the Council meeting. The members should be in control of the future of the Society. That was the position of the Charter. The members were king. The Council could discuss the issues but in the end the members had to decide.

Sylvia Hikins said that some of what had been said had scared her a little and could persuade people to agree with accusations that the Society is unable to take a collaborative approach to leadership. The motion should not be passed.

Professor Michell said that the motion assumed that there was some obstruction in the way of affiliation at present. Was that the case?

The President said that, as long as the Charter objectives were honoured, there were no problems with affiliation.

The Secretary and Registrar said that any proposal would have to be considered and investigated because the Society had no definition of "affiliate".

The President then put the motion to a vote. There were 11 votes for the motion and 11 votes against.

Those voting for the motion were Martin Astbury, David Carter, Sultan Dajani, Dorothy Drury, Davan Eustace, John Gentle, Andrew Gush, Graham Phillips, Douglas Simpson, David Thomson and Stephen Wells. Those voting against were the Treasurer, Jonathan Buisson, Brian Curwain, Stephen Denyer, Phillida Entwistle, Sylvia Hikins, Corinne Hunt, Lorna Jacobs, Alan Kershaw, Lesley Morgan and Marcia Saunders. Abstentions were recorded for the Vice-Chairman (Gerald Alexander), John Hanlon, Bob Michell and Colin Ranshaw. (Seema Agha, Ray Jobling and Michael Schofield were absent.)

The President said that because there was a tie, he would use his casting vote in favour of the status quo. Having said that, he would concentrate on the spirit of the motion because it was important for the Society to be seen to be engaging with all sectors of pharmacy and those outside. The process, begun with the meetings on 9 March and 30 April, clearly demonstrated the Society's will to engage with all the parties and discussions with all those bodies would continue.

Professor Denyer said that the spirit of the motion was to ensure that the Society had the right set of mechanisms available to be inclusive. He did not think anyone had detracted from that. Procedures were in place to look at all the mechanisms and he was reassured that those proceedings were started.

Formation of a new professional body for pharmacy should be led by the profession, not the Government, Society tells parliamentarians

It is the pharmacy profession, not the Government, that should lead the formation of a "body akin to a royal college" to work with a General Pharmaceutical Council, the Royal Pharmaceutical Society says in a parliamentary briefing.

The document advises parliamentarians that the Society will be making strong representations to Government and Parliament on the matter. It will also make representations to ensure that:

- Any new arrangements result in both improved patient safety and stronger representation for the professional role of pharmacists
- Any transition is properly managed and resourced, and that there is no increased risk to patients or the profession
- Sustainable funding arrangements are in place for the long-term to support both the regulation and professional leadership functions
- The pharmacy profession and key stakeholders, including the dedicated staff of the Society, are fully consulted and informed about the process of change
- There is a commitment to strong and transparent governance arrangements for both the regulation and professional leadership of pharmacy
- While recognising that the formation of a General Pharmaceutical Council should be led by the Government, the formation of "a body akin to a royal college" should be led by the profession

The briefing summarises the White Paper "Trust, assurance and safety: the regulation of health professionals in the 21st century" and explains what it means for the pharmacy profession. It points out that the White Paper's proposals for reform, being based on the Donaldson review of medical regulation and the Foster review of the regulation of non-medical health care professions, depart fundamentally from the recommendations of the 2002 Bristol Royal Infirmary Inquiry (the Kennedy Report) upon which the Society's recently revised Royal Charter was based. However, it says, the Society recognises the change of policy and the political will of the Government and supports the direction of travel.

The document goes on to explain that, because, the Society currently has an integrated regulatory and professional role, the proposals in the White Paper will have a particularly significant impact on pharmacy.

It explains that the GPhC and the new professional body will be two sides of the same coin, working together to raise standards. The GPhC, in its regulatory role, will serve and protect the public. The professional body will support the profession and work to maintain the public's confidence in pharmacy. It will be crucial to the future development of the pharmacy profession that the two work effectively together on developing standards of practice and performance, developing standards of education and training, supporting continuing professional development (including facilitation, reviews and continuing education/skills development) and supporting revalidation and recertification.

On establishing the professional body, the briefing says that the pharmacy profession will need a strong clear voice to assume the critical responsibility of a role of a professional body. The Society believes that the success of the future body will depend upon making best use of available resources and infrastructure, thereby creating a body with a clear focus on its members' needs, but with a stream of funding that will ensure it is financially sustainable.

The Society intends to support the profession to become more innovative, more ambitious, stronger and more confident, the briefing says. To achieve its wishes the profession will need robust and appropriate support structures at both local and national level.

It adds that the Society is already working closely with the Pharmaceutical Society of Northern Ireland and about 200 other pharmacy bodies in order to begin talking — and listening — to them and to explore the possible principles and functions of a professional body. This work is not new, it says, and was in hand before publication of the White Paper.

Concluding, the briefing says that the Society welcomes the opportunity to discuss with parliamentarians the impact of the White Paper on pharmacy.

Three changes result from the Industrial Pharmacists Group's committee election

There are three new faces among the seven elected members of the Royal Pharmaceutical Society's Industrial Pharmacists Group Committee as a result of the 2007 committee election.

Brian Dougherty, Janet Halliday and Gino (Luigi) Martini have all been elected for the first time, although Dr Halliday and Dr Martini were already serving as co-opted members of the committee. They join John Kerridge, Mike Murray, Jane Nicholson and Mike Parker, who were all re-elected.

Mr Dougherty, from Hexham, is chairman and technical director of The Specials Laboratory, which he set up with a partner in 1999. The company expects sales of £11m this year, with employee numbers rising to 145.

Dr Halliday is director of research and development at Controlled Therapeutics, a company of 60 people in East Kilbride.

Dr Martini, from Old Harlow, Essex, works for GlaxoSmithKline Pharmaceuticals

as world-wide director, process technologies, pharmaceutical development.

The three new committee members fill one place that was vacant and two that were previously occupied by Steve Wicks and Mel Smith. Dr Wicks, who is currently chairman of the group, chose not to seek re-election. Mr Smith was unsuccessful in the election. Other unsuccessful candidates were Wanda Jay (also currently a co-opted member), Joe Ridge and Steve Robertson.

Voting papers were sent to 2,080 group members and 478 papers (23 per cent) were returned.

Elected committee members normally serve for three years, but an impending review of Society structures could result in shorter terms of service on this occasion.

The membership of the committee also includes two Council members. Those currently serving are Sylvia Hikins and John Jolley.

Official Notice p631

Health Support Programme

The Pharmacists' Health Support Programme exists to assist pharmacists who experience problems with alcohol or other drugs of addiction, or who have other problems that impair their fitness to practise.

The scheme was set up by the Royal Pharmaceutical Society but operates independently so that help can be sought in complete confidence.

Any pharmacist who has an alcohol or drug problem, or any person who knows a pharmacist with such a problem, can obtain confidential help after making an initial telephone call to the Royal Pharmaceutical Society's welfare officer, Beverly Nicol (tel 01323 890135). No caller will be required to disclose any names or other information to her.

Mrs Nicol will give the caller the telephone number of either the scheme's independent national co-ordinator or one of its regional referees. Alternatively, callers can contact the national co-ordinator's direct helpline (tel 01327 264531).

Law and ethics bulletin

Requirement to report matters related to conduct and fitness to practise to the Society

Pharmacists are reminded that under Rule 5 of the Royal Pharmaceutical Society of Great Britain (Fitness to Practise and Disqualification etc) Rules 2007, which came into force on 30 March 2007, a pharmacist must notify the Registrar in writing within seven days if he or she:

- (a) is convicted of any criminal offence;
- (b) accepts a police caution;
- (c) has, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging him or her absolutely (without proceeding to conviction);
- (d) has accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal);
- (e) has agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as an alternative to prosecution);
- (f) is notified by a regulatory body in the UK responsible under any enactment for the regulation of a health or social care profession of a determination to the effect that his or her fitness to practise is impaired, or a determination by a regulatory body elsewhere to the same effect;
- (g) becomes subject to an investigation into his or her fitness to practise by another regulatory body (apart from the Society);

- (h) becomes the subject of any fraud investigation by a body responsible for investigating fraud in relation to the health service (for example, the Counter Fraud and Security Management Service Division of the NHS Business Services Authority or NHS Scotland Counter Fraud Services, which is part of the Common Services Agency); and/or
- (i) is removed, contingently removed or suspended from, refused admission to or conditionally included in any list held by a health service body of performers or providers of pharmaceutical services on fitness to practise grounds.

The Director of the Fitness to Practice and Legal Affairs Directorate is authorised to accept notifications on behalf of the Registrar. The address the registrant should write to in order to inform the Society of any of the above is: Fitness to Practise and Legal Affairs Directorate, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

Pharmacists have a responsibility under the current Code of Ethics to "behave with integrity and probity". Pharmacists are further reminded that when the new Code of Ethics comes into force there is a similar provision that pharmacists "do not mislead or make claims that cannot be justified" and "promptly declare to the Society, [their] employer and other relevant authority any circumstances that may call into question [their] fitness to practise". This would include notifying their profession to the police should they be charged with any offence.

Pharmacy information pointers

Compatibility and stability of ketamine and dexamethasone in continuous subcutaneous infusions

Following discussions between palliative care pharmacists in Scotland and the Royal Pharmaceutical Society's fellow in pharmaceuticals, Colin Cable, it became clear that compatibility and stability information to support the clinical use of injection admixtures containing ketamine and dexamethasone was lacking. Outlined below is the background to the problem and a brief description of stability work that has been carried out. Further information on this and other pharmaceuticals topics can be obtained from Dr Cable (tel 020 7572 2302; e-mail colin.cable@rpsgb.org).

Ketamine hydrochloride has been available as an anaesthetic agent for around 40 years. More recently, it has been used at subanaesthetic doses as an adjuvant analgesic where it acts as a non-competitive N-methyl-D-aspartate receptor antagonist in the dorsal horn.¹ Following continuous subcutaneous infusion, ketamine has been useful in

treating patients with neuropathic pain that is poorly responsive to opioids. However, when ketamine is administered by this route, there is often erythema and pain at the injection site. It has been shown that the addition of 1 mg of dexamethasone sodium phosphate to injections in syringe drivers improves the longevity of subcutaneous cannulation sites in patients receiving palliative care.² When injection admixtures containing ketamine and dexamethasone were first used in clinical practice, there were no published studies in which the physical compatibility and chemical stability of the combined injection had been examined.

In 2005, Watson *et al*³ investigated the stability of ketamine hydrochloride injections (50mg and 600mg) and dexamethasone sodium phosphate (1mg) injection when mixed with sodium chloride injection (to 14ml). The infusions were stored in polypropylene syringes at 4C, 23C and 37C under normal fluorescent light conditions. Samples were removed over 192 hours (eight days) for high performance liquid chromatography analysis, pH

measurement and an examination of colour and visible particles. All samples retained at least 98 per cent of the initial concentration of each drug and no degradation products were detected. The solutions remained clear and colourless and pH varied by only 0.05 units over the duration of the study.

It was concluded that, at the concentrations studied, ketamine hydrochloride and dexamethasone sodium phosphate in sodium chloride 0.9 per cent injection were physically compatible and chemically stable for at least eight days when stored in polypropylene syringes.

REFERENCES

1. Meller ST. Ketamine: Relief from chronic pain through actions at NMDA receptor. *Pain* 1996;68:435-6.
2. Reymond L, Charles MA, Bowman J, Treston P. The effect of dexamethasone on the longevity of syringe driver subcutaneous sites in palliative care. *MJA* 2003;178:486-9.
3. Watson DG, Lin M, Morton A, Cable CG, McArthur DA. Compatibility and stability of dexamethasone sodium phosphate and ketamine hydrochloride subcutaneous infusions in polypropylene syringes. *Journal of Pain and Symptom Management* 2005;30:80-6.

Royal Pharmaceutical Society

One-day conference: Pharmacists as prescribers — the UK experience

- **Date and time:** Monday 11 June, 11am to 4.30pm.
- **Venue:** Sheraton Hotel, Schiphol Airport, Amsterdam, The Netherlands.
- **Content:** An introduction to the experience of pharmacist prescribing in the UK.
- **Delegates:** Representatives of pharmacy organisations, competent authorities and government health departments in Europe.
- **Fees:** €295 (including lunch, refreshments, course documentation and VAT).
- **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). Conference brochure, including registration form, also available from "Events and meetings" page of Society's website (www.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).

Industrial Pharmacists Group Committee 2007 election result

The election of seven members of the Industrial Pharmacists Group of the Royal Pharmaceutical Society to serve on the committee of the group has now been completed. The result was as follows:

Voting papers sent out	2,080
Voting papers returned	478
Papers void due to improper completion	5

Dougherty, Brian John	251
Halliday, Janet Anne	237
Jay, Wanda Maria	133
Kerridge, John Charles	268
Martini, Luigi	289
Murray, Michael	218
Nicholson, Jane Margaret	309
Parker, Michael Davis	284
Ridge, Joe	177
Robertson, Steve	129
Smith, Melvyn Peter	149

Brian John Dougherty, Janet Anne Halliday, John Charles Kerridge, Luigi Martini, Michael Murray, Jane Margaret Nicholson and Michael Davis Parker have therefore been elected to the Industrial Pharmacists Group Committee for three years.

Robert Clayton
Head of Practice Division
News item p630

DEATHS

Templeton On 16 April, Kenneth Templeton, FRPharmS, aged 78, of 6 Brackenhayes Close, Ipswich IP2 9AY. Mr Templeton registered in 1949.

Royal Pharmaceutical Society Chiltern Region

Evening meeting: Best practice in the region

- **Date and time:** Wednesday 30 May, 8pm, with food available from 7.30pm.
- **Venue:** Holiday Inn London-Heathrow, Sipson Way, Bath Road, West Drayton UB7 0DP.
- **Content:** A chance for branches to share ideas that may make them more effective. Participants should bring recent topics for branch meetings, ideas that have worked within the branch and ideas that have not worked well.



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 office
Headquarters of the Society in Wales 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

DIARY

Headquarters meetings

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

Thursday 31 May

Joint Formulary Committee. 9am.

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)

Tuesday 29 May

Bristol "Sickle cell and thalassaemia" by Anndeloris Chacon (sickle cell and thalassaemia clinical co-ordinator, Bristol Primary Care Trust). BAWA Sports and Leisure Centre, Southmead Road, Bristol. 7.30 for 8pm.

Northamptonshire "The Code of Ethics and Controlled Drugs" by Lynsey Cleland (head of ethics,

Direct debit

Sign up to pay your retention fee annually by direct debit. It is quick and easy, you cannot forget to pay and you will not risk being erased. Remember, fees are due and payable on 1 January every year. Contact the registration section and ask for a direct debit mandate (tel 020 7572 2322; e-mail registration@rpsgb.org).

Royal Pharmaceutical Society). Kettering Conference Centre, Thurston Drive, Kettering. Buffet 7pm, meeting 7.30pm.

Tuesday 5 June

Morganwg "Pain management". Towers Hotel, Jersey Marine, Neath. Buffet. 6.30pm.

Thursday 7 June

Huddersfield "The Society's new national pharmacy board for England and an opportunity for members to give their views on 'a body akin to a royal college' and the White Paper" by David Miller (member of the Society's English Pharmacy Board). Lecture Theatre, Huddersfield Royal Infirmary, Acre Street, Lindley. 7.30 for 8pm.

PERSONAL

This column is for announcements of births, engagements, marriages, anniversaries, etc. The charge is £25 for up to 30 words, and £10 for every additional 10 or fewer words. Personal cheques only (payable to *The Pharmaceutical Journal*) should be sent with the notice to the Editor, *The Pharmaceutical Journal*, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

Birth

Woods Helen (Nottingham 1988–91, née Cowle) and Nigel are delighted to announce the birth of Jack Nathan on 10 May 2007, a brother to Zoë.

Golden Wedding

Giles-Marshall Eric Giles and Audrey, née Marshall, both at Chelsea School of Pharmacy 1956, will celebrate their 50 years of wedded bliss on 1 June with pharmacist son and daughter, Adrian and Sheena Bescoby. Audrey and Eric live in Pinvin, Pershore (gileseef@realemail.co.uk).