



## No self-selection for pharmacy medicines, Council decides

The professional requirement that pharmacy medicines must not be available for self-selection is to remain, the Council of the Royal Pharmaceutical Society has decided.

The Council made its decision at the **June Council meeting** after considering the response to a six-week consultation seeking views on whether the current restrictions on pharmacy medicines were necessary (*PJ*, 3 March, p259). The consultation document was published in *The Pharmaceutical Journal* and made available on the Society's website. Copies were also sent to a range of stakeholders, including pharmacy organisations, other health care organisations, regulatory bodies and patient and public interest groups.

The Society received 259 responses, of which 90 per cent were from individuals and 10 per cent from organisations. Most respondents (91 per cent) agreed with the Society placing professional restrictions on the way that pharmacy medicines are accessed and displayed, and 64 per cent believed that the self-selection of pharmacy medicines should be prohibited. The reasons for these views centred on patient safety issues and the importance of ensuring that a pharmacy medicine is appropriate for the patient concerned and that necessary advice on the safe and effective use of the medicine is given.

Respondents who did not support restricted access to and display of pharmacy medicines mainly stated that the reasons for

this view were to promote and support self-care and patient choice. However, most agreed that safeguards were still needed, for example, by keeping pharmacy medicines close to the pharmacy counter.

After considering the response, the Council acknowledged the common view that the restriction of pharmacy medicines is appropriate in the interest of patient safety.

The Council agreed that the current restrictions would remain in place but that the requirements do not preclude methods of display that allow patients to better view pharmacy medicines. Further guidance to explain the difference between open display and self-selection of pharmacy medicines will be published in the near future.

The Society's head of professional ethics, Lynsey Cleland, said: "The Society would like to thank members of the profession and the public who recognised the importance of this issue and took the time to respond to the consultation. It is important that the professional requirements remain relevant and fit for purpose, and through this exercise we can be assured that these guidelines represent the best interests of patients."

The Society recognises that a few pharmacies (eg, those involved in earlier trials) may still have medicines available for self-selection. The Council agreed that these pharmacies have until 31 December to ensure that they conform with the agreed guidelines.

### This week

- **Self-selection of P medicines**  
In the interest of patient safety, the Council has decided not to relax the professional requirement that prevents the display of pharmacy medicines for self-selection (p779).
- **Medication error logs**  
Guidance on the use of medication error logs has been revised in the light of changes in the way the Society deals with single dispensing errors (p781).

## Examiners given more time to cater for disability

The Royal Pharmaceutical Society's examination regulations have been amended to give the board of examiners six weeks' extra time in which to assess and grant requests from registration examination candidates for special arrangements to cater for disability.

The amendment, approved by the Privy Council on 19 June, was made at the request of the Society's Council on behalf of the examiners, who have found that the general deadline for examination applications — six weeks before the sitting — does not give them enough time to assess and grant applications from those with disabilities, particularly in cases where there is a need to secure appropriate accommodation.

The board will continue to consider any later requests necessitated by a change in a candidate's circumstances between the deadline and the sitting.

**Official Notice, p783**

## Society develops materials to support stop-smoking services

In preparation for "Smokefree England", which comes into force on 1 July, the Royal Pharmaceutical Society has produced new practice support materials on providing smoking cessation services.

"Stop smoking support services" consists of two double-sided information sheets outlining how to provide support to the number of smokers expected to quit following the ban on smoking in enclosed public spaces and workplaces. The first sheet gives an overview of the services that pharmacists can provide, with evidence and successful examples. The second sheet provides a list of resources and websites to support those wanting to develop these services further.

"Stop smoking support services" is the first resource in a new series, "Connect with pharmacy". The Society hopes to extend the series to demonstrate the role that pharmacy can play in improving public health.

Lindsey Gilpin, a community pharmacist member of the English Pharmacy Board, said: "Stop smoking support is an area that I am passionate about. It is a service that pharmacists can provide to support patients and alleviate pressure from GPs. It is a really rewarding part of my job to see that I have helped someone to make a difference in their life and kick the habit."

Paul Gimson, the Society's lead pharmacist for long-term conditions and public

health, said: "With the smoking ban approaching, the Society is working towards raising public awareness of the support pharmacists can provide to smokers. Pharmacists can help to reduce the burden faced by the rest of the NHS when demand for services increases with the smoking ban. We urge all commissioners to more actively consider the role of pharmacy in smoking cessation and to consult the Society's practice materials for support."

The guidance can be found under the "Guidance documents" heading on the "Download Society publications" page of the Society's website ([www.rpsgb.org/informationresources](http://www.rpsgb.org/informationresources)).

## New Code of Ethics for pharmacy is previewed on Society's website

The final version of the Royal Pharmaceutical Society's new Code of Ethics for Pharmacists and Pharmacy Technicians will be available for preview on the Society's website from 1 July.

The new code, adopted by the Council at its March meeting (*PJ*, 7 April, p407), along with the seven supporting documents approved at the June Council meeting (*PJ*, 16 June, p720), will be accessible from the website via the "Consultations" link on the website's home page ([www.rpsgb.org](http://www.rpsgb.org)).

The website posting is to allow registrants a month to become familiar with the new code and guidance before they come into effect on 1 August, superseding the current Code of Ethics and Standards for Pharmacists and Code of Ethics for Pharmacy Technicians.

Printed copies of the code and supporting documents are to be distributed to all registrants with the 21 July issue of *The Journal*.

The new code has been designed to promote and support the use of professional judgement, reflecting the professional considerations facing the increasingly clinical role of modern pharmacy.

The code is based on seven principles (see Panel) that will inform the conduct, practice and performance of all pharmacists and registered pharmacy technicians. The fundamental changes include the following:

- The revised code applies to both pharmacists and pharmacy technicians on the basis that the same ethical principles should be applicable across the profession

### Principles of the revised code

The seven principles on which the revised Code of Ethics for Pharmacists and Pharmacy Technicians is based are:

- Make the care of patients your first concern
- Exercise your professional judgement in the interests of patients and the public
- Show respect for others
- Encourage patients to participate in decisions about their care
- Develop your professional knowledge and competence
- Be honest and trustworthy
- Take responsibility for your working practices

- The principles are intended to apply across all sectors of the profession, irrespective of whether an individual is involved in direct patient care
- The code has been designed to promote and support a culture of accountability and professional judgement
- The code does not contain detailed technical requirements, as in the previous edition, but instead is supported by seven documents containing further standards and guidance in the areas of patient consent, patient confidentiality, sale and supply of medicines, pharmacist prescribers, pharmacists and pharmacy technicians in positions of authority, advertising and internet pharmacy

The Society's head of professional ethics, Lynsey Cleland, said: "The profession of pharmacy has developed considerably since the Code of Ethics was last reviewed. Pharmacist prescribing, medication reviews and repeat dispensing schemes are just a few of the developments that have seen pharmacists take on an increasingly clinical role. Pharmacy technician's roles are also developing as they assume responsibility for aspects of the supply of medicines.

"The new Pharmacists and Pharmacy Technicians Order 2007 has changed the way in which the profession is regulated and the new Code of Ethics ensures the Society's obligations to publish guidance under the new Order are met. The revised Code reflects and supports modern pharmacy practice while continuing to ensure patient safety and public confidence in the pharmacy profession."

## Pharmacy leadership programme for Wales

The Welsh Office of the Royal Pharmaceutical Society is now seeking applicants to take part in a new programme designed to develop pharmacists' leadership capabilities. The aim of the programme is to facilitate the development of services in Wales and, in particular, the contribution pharmacy can make to improving chronic conditions management.

The programme aims to attract eight participants from each of the three health care regions: north Wales, west Wales and south-east Wales. The programme is designed to support pharmacists from all sectors of practice, including independent community pharmacists, employees of multiple pharmacy companies and employees of NHS Wales organisations.

The programme is a collaborative venture with the Welsh Assembly Government (through the Welsh Committee for the Professional Development of Pharmacy) and the National Leadership and Innovations Agency for Healthcare.

The 12-month programme will consist of two national two-day workshops and up to eight regional "action learning sets". All participants will come together for the workshops, which will take place at the Society's Welsh Office in Cardiff on 18 and 19 September and 4 and 5 December.

The action learning sets, each lasting one day, will take place at intervals of about six to eight weeks.

Further information and an application form are available from the Wales section of the Society's website ([www.rpsgb.org/wales](http://www.rpsgb.org/wales)) or by e-mail from the Welsh Office ([wales@rpsgb.org](mailto:wales@rpsgb.org)). Applications must be returned to Cath Savage, Director for Wales, by 23 July. Applicants will be informed of the outcome by 30 July.

Carwen Wynne Howells, chief pharmaceutical adviser, WAG, said: "This excellent initiative demonstrates the benefits of collaboration between the organisations. It is designed to enable services to become more patient focused and through effective team working, support delivery of the Welsh Assembly Government's chronic conditions management objectives."

Brian Hawkins, chairman of the WCPDP, said: "This 12-month programme reflects the different contexts and challenges facing the profession and is designed by leading pharmacists for leading pharmacists in Wales."

Mrs Savage said: "We are delighted to be able to support a venture that aims to bring together pharmacists with different experiences from the whole health care system to create a rich environment in which to develop their leadership capability."

## Library late opening to stay

Thursday night late opening in the Royal Pharmaceutical Society's headquarters library is to continue following the success of a trial.

The library has opened until 7pm on Thursdays on a trial basis since September 2006. The library team has now decided to make late opening a permanent feature for 10 months of the year, from September to June. In July and August, which tend to be quieter than other months, the library will close at 5pm on Thursday, as it does on other weekdays.

The library welcomes views on the change. Comments should be addressed to The Library, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7572 2499; e-mail [library@rpsgb.org](mailto:library@rpsgb.org)).

### Direct debit

If you have not previously paid your Royal Pharmaceutical Society retention fee by direct debit and would like to do so, download a direct debit mandate from [www.rpsgb.org/registrationandsupport/registration/paymentoffees.html](http://www.rpsgb.org/registrationandsupport/registration/paymentoffees.html) and return it to the Society's registration division by 31 October.

Direct debit is available to both pharmacists and pharmacy technicians but only to those on the practising registers.

## Law and ethics bulletin

### Medication error logs

*As a result of recent developments and changes in the way that single dispensing errors are to be dealt with by the Society it is now necessary to revise and replace the Law and Ethics Bulletin on medication error logs issued on 26 January (PJ, 10 February, p173).*

The maintenance of medication error logs is seen as good practice in pharmacy and, in line with clinical governance arrangements, should be included in pharmacy standard operating procedures. Medication error logs are intended to be used as a risk management tool, and information from the logs should be regularly reviewed, analysed and discussed within the pharmacy in order to identify risk areas associated with the dispensing and checking process. Appropriate action to review systems and procedures with a view to minimisation of future risk should be taken, where necessary.

Pharmacy owners and individuals may be apprehensive that information contained in medication error logs could be used as a basis for disciplinary action by the Society. However, the existence and regular audit and review of such logs

is considered to be indicative of good practice and robust risk management. Their use is therefore encouraged.

In March 2007 the Council agreed that the criteria set out in Panel 1 should be used to decide whether single dispensing errors are likely to amount to professional misconduct and warrant referral to the Investigating Committee. One of the criteria for referral to the committee is the failure to maintain a medication error log. Single dispensing errors that do not meet the referral criteria are dealt with by the Society's inspectorate and are not referred to the Investigating Committee for consideration of further action to be taken. This is subject to the individual admitting the allegations made and accepting any advice given by the inspector in relation to the dispensing error made. Further information on the Council's decision can be found at [www.rpsgb.org/pdfs/counagen0703open.pdf](http://www.rpsgb.org/pdfs/counagen0703open.pdf)

During routine pharmacy inspections, Society inspectors may ask to see evidence that a system is in place to deal with dispensing errors, including the maintenance and use of medication error logs. However, inspectors will not usually need to ask to look at any of the

actual records or any of the specific information held within those logs. Further information on the inspection of error logs during routine visits is available at [www.rpsgb.org/pdfs/inspvitschecklist.pdf](http://www.rpsgb.org/pdfs/inspvitschecklist.pdf).

If the Society receives a complaint about a dispensing error, the inspector may, as part of the investigation, ask to see the specific error log which relates to the complaint under investigation. Evidence of the maintenance of an error log by the pharmacy (where the pharmacy has been made aware of the error) can be seen as evidence of good practice.

It may be particularly helpful if the error log describes any review of systems carried out at the pharmacy in light of the incident.

There may be occasions, where, as a result of concerns raised about a particular pharmacy or about the fitness to practise of an individual, it may be necessary for the pharmacy error logs to be examined. This action would only be considered where there was genuine cause for concern about public safety.

For further information on the handling of dispensing errors please refer to the Society's website [www.rpsgb.org/pdfs/restooldealdisperr.pdf](http://www.rpsgb.org/pdfs/restooldealdisperr.pdf).

#### Panel 1: Criteria for consideration of single dispensing errors

Single dispensing errors are not likely to be referred to the Investigating Committee unless one or more of the following statements is true:

- There is potential for, or evidence that, the dispensing error caused moderate or severe harm or death (the definitions of these are from the National Patient Safety Agency definitions for grading patient safety incidents — see Panel 2).
- There is evidence that the dispensing error was a deliberate attempt to cause harm to patients or the public.
- There is evidence of ill health or substance abuse by the pharmacist.
- There is evidence that the individual departed from agreed safe protocols or standards operating procedures and in doing so took an unacceptable risk.
- There are no systems to record errors in the pharmacy (this should result in the superintendent or pharmacy owner being referred).
- There has been a failure to make an error log (if aware of the error).
- There are no systems to learn from errors in the pharmacy (this should result in the superintendent or pharmacy owner being referred).
- No attempt has been made to learn from the specific error.
- The Society's inspector has previously given advice that would have prevented the error if it had been implemented.
- There has been an attempt to cover up the alleged dispensing error.
- There has been a failure to co-operate with an investigation carried out by the Society's inspector or other investigatory body.
- There is evidence of other misconduct that would form the basis of a complaint.
- Failure to apologise or provide an explanation to the patient or representative (if aware of the error).
- There is relevant history within the past three years.

#### Panel 2: NPSA definitions for grading patient safety incidents

- **No harm (1) Incident prevented:** any patient safety incident that had the potential to cause harm but was prevented, and no harm was caused to patients receiving NHS-funded care. (2) **Incident not prevented:** any patient safety incident that occurred but no harm was caused to patients receiving NHS-funded care.
- **Low harm** Any patient safety incident that required extra observation or minor treatment and caused minimal harm to one or more patients receiving NHS-funded care. (Minor treatment is defined as first aid, additional therapy, or additional medication. It does not include any extra stay in hospital or any extra time as an outpatient, or continued treatment over and above the treatment already planned; nor does it include a return to surgery or readmission.)
- **Moderate harm** Any patient safety incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm to one or more patients receiving NHS-funded care. (Moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another area such as intensive care as a result of the incident.)
- **Severe harm** Any patient safety incident that appears to have resulted in permanent harm to one or more patients receiving NHS-funded care. (Permanent harm directly related to the incident and not related to the natural course of the patient's illness or underlying condition is defined as permanent lessening of bodily functions, sensory, motor, physiological or intellectual, including removal of the wrong limb or organ, or brain damage.)
- **Death** Any patient safety incident that directly resulted in the death of one or more patients receiving NHS-funded care. (The death must be related to the incident rather than to the natural course of the patient's illness or underlying condition.)

## Treasures of the Royal Pharmaceutical Society's Collections

### An early 18th century storage jar for tobacco

At 6am on 1 July, a ban on the smoking of tobacco in enclosed public spaces and workplaces will be introduced in England, following the example already set in the rest of the UK. With the harmful effects of tobacco now so well recognised, it may come as a surprise to learn that the Royal Pharmaceutical Society's museum collections include a tin-glazed earthenware storage jar for tobacco, currently on display in the museum's "Healing science" exhibition.

At 26cm high, labelled "HAVANA", the impressive brass-lidded jar certainly catches the viewer's attention. But what is a Dutch container for Cuban tobacco doing in a display about pharmacy history?

The jar dates from the 1700s, the height of Dutch colonial power. From the second half of the 1600s, the Netherlands was a major player in the tobacco trade, having first come into contact with it through commercial dealings with the English. Across their vast empire, Dutch traders exchanged tobacco for food, ivory, silk, spices and even slaves. In fact, the Dutch government acquired the Cape of Good Hope in exchange for tobacco and brandy in 1652. Recreational smoking of tobacco in a pipe became a national trend, commonly portrayed in Dutch paintings of the time.

When Christopher Columbus first landed in Cuba in November 1492, he wrote in his diary: "Men and women were crossing to their villages, the men with half-burned wood in their hands and certain herbs in order to take their smokes, which are dry herbs put in a certain leaf, also dry, in the manner of a musket made of paper; and having lighted one part of it, by the other they suck the smoke inside with the breathe by which they become benumbed and almost drunk."

Although Columbus's observation is of recreational enjoyment of tobacco, Europeans quickly tried it for its native American medicinal uses. Between 1537 and 1559, at least 14 books mentioning medicinal tobacco appeared in Europe, published in Dutch, English, French, Italian, Latin, Portuguese and Spanish. In 1553, Rembert Dodoens, a physician in Antwerp, published the first herbal to include a woodcut illustration of the plant.

The French ambassador to Portugal, Jean Nicot, took an imported plant to Paris, claiming that sniffing powdered tobacco would cure ulcers, headaches and asthma. Columbus had recorded locals sniffing tobacco powder in America on his second voyage in 1493. Nicot's subsequent experiments on tobacco's medicinal uses and his recorded case histories led to the plant being called "Nicotiane" in his honour as early as 1565.

Another leading figure in the introduction of American drugs into Europe was a Spanish physician, Nicolas Monardes. He published his first book on American medicines in 1569. An English version, entitled 'Joyfull news out of the new founde worlde', was published in 1577. Monardes claimed that the Spanish had brought tobacco to Europe originally as an ornamental flower. However, by the time he published his book, it was being used as a hot and dry remedy to remove the cold humours that caused shortness of breath, kidney stones and stomach

ache. It also expelled intestinal worms, and could be applied externally for joint pains and toothache.

In England, Nicholas Culpeper based his description of tobacco in his 'Complete English Herbal' of 1653 on Monardes's text: "Neither is there any better salve in the world for wounds than may be made of it, for it cleanseth, fetcheth out the filth though it lie in the bones, brings up the flesh from the bottom [of the wound], and all this it doth speedily, it cures wounds made with poisoned weapons . . . Taken in a pipe it hath almost as many virtues, it easeth weariness, takes away the sence of hunger and thirst, provokes to stool, easeth the body of superfluous humors, opens stoppings."

However, tobacco's primary use was as a recreational drug. It had been popular in the court of Elizabeth I, but James I raged against its evil effects in his 'A counterblaste to tobacco' in 1604. He denied that it had any medicinal properties and claimed that autopsies performed on smokers revealed their internal organs were covered with soot. He also objected to English subjects using a remedy that the "barbarous Indians" were using to treat themselves for syphilis "so corrupted and execrable a malady". James also opposed the use of tobacco for pleasure and the amount of money spent on it by dandies. England prohibited its cultivation in 1660. But the settlers in Virginia and its English importers grew rich as it maintained its fashionable status.

Medicinal uses continued. From its original recording by Columbus in 1492 until its decline in medicinal use in the 1860s, tobacco was employed externally and internally, in the form of ashes, balms, decoctions, fumes, juice, leaves, lotions, oils, ointments, plasters, poultices and snuff. It was introduced into the ears, eyes, mouth, nose, lungs, stomach and teeth and was indicated for an immense range of conditions from abdominal pains to wounds, and from hair loss to tetanus.

Tobacco was also recommended to resuscitate drowned people. Tobacco smoke was blown into the rectum of the "apparently drowned" to provide warmth and stimulation. Tobacco resuscitation kits consisting of a pair of bellows and a tube were provided by the Royal Humane Society of London (founded in 1774 as the Society for the Recovery of the Apparently Drowned) and placed at various points along the Thames.

However, tobacco's harmful effects were also noted from Columbus's observation of the native American's decayed teeth onwards. There was no



The museum's Dutch earthenware tobacco jar

scientific understanding of its composition until the early 19th century, with French chemist Louis Nicholas Vauquelin discovering the active principle of tobacco, which he called nicotianine, in 1809, and Wilhelm Heinrich Posselt and Karl Ludwig Reimann finally isolating nicotine in 1828. Their analysis revealed the presence of a poisonous substance in tobacco but, in spite of growing concerns and vocal campaigns from the second half of the 1800s onwards, its recreational use increased while its medicinal use declined.

In Britain, it took until 1962 for the publication of a report explaining that smokers were exposing themselves to high risks of serious disease. The Royal College of Physicians report on "Smoking and health" led to an immediate ban on television advertising of cigarettes that associated tobacco with happiness, virility, love or adventure. All television advertising of cigarettes was banned in 1965.

However, it was still possible to buy tobacco in the form of cigarettes in many British pharmacies. In April 1981, the Society's Ethics Committee advised the Council that it would not be possible to enforce a ban on the sale of tobacco and cigarettes in pharmacies because of the doctrine of the restraint of trade. However, the Council promoted the view that the sale of these products in pharmacies was undesirable. It was not until the Code of Ethics and Standards of 2001 that tobacco products were specifically mentioned in the guidance that "pharmacists must not purchase for sale on registered pharmacy premises, any product which may be injurious to public health or bring the public into disrepute".

## OFFICIAL NOTICES

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

### Council by-election in Wales

A casual vacancy for the pharmacist place on the Council reserved to the national constituency of Wales exists, following a resignation from the Council. The Council has agreed that a by-election be held to fill that vacancy. Nominations for election to that vacancy should be received (by post, hand delivery or fax — not by e-mail) by the Head of Secretariat at the Society's headquarters, by noon on Friday 13 July 2007.

**Eligibility** A prospective candidate shall be eligible for election only if his or her name appears within Part 1 (practising) of the Society's Register of Pharmacists and he or she lives or works wholly or mainly in the national constituency of Wales.

A prospective candidate shall not be eligible if he or she has failed, by noon on Friday 13 July 2007, to pay any retention fee then due and payable by him or her to the Society.

**Nominations** Nominations for this vacancy must be signed by 10 pharmacist nominators whose addresses in the Register of Pharmacists are in Wales.

Nominees who accept nomination to the Council must enclose with the nomination form the declaration and undertaking for candidates for election to the Council, duly signed, particulars of the extent and type of work undertaken by the candidate within and for the profession of pharmacy, a signed statement confirming that no Society retention fee or penalty due from the candidate remains unpaid, a declaration of relevant interests, and a declaration of any relevant adverse decisions, as shown in the statement of policy on election procedures.

The deadline for receipt of all the supporting material, including the candidate's details of professional qualifications, photograph and election statement, should he or she choose

to provide them, is noon on Friday 13 July 2007.

All nominations must be made on an official nomination form. To obtain a nomination form and guidance papers, contact the Head of Secretariat (tel 020 7572 2204; e-mail [averil.ridgway@rpsgb.org](mailto:averil.ridgway@rpsgb.org)). The nomination forms and the guidance papers can also be downloaded from the Society's website ([www.rpsgb.org](http://www.rpsgb.org)) by following the "Wales by-election" link on the right of the home page.

A nomination may be withdrawn by notice in writing (not by e-mail) signed by the prospective candidate and delivered to the Head of Secretariat at the above address no later than noon on Friday 13 July 2007.

**Term of office** The term of office for the Council member elected to fill this casual vacancy will be until May 2008, ie, to the end of the current term of office of the retiring member. The Council member so elected will then be eligible to stand for election for a further two three-year terms of office.

**Timetable** The electoral roll will close at 5pm on 26 July 2007. Only those pharmacists whose registered address with the Society is in Wales at this time shall be entitled to vote in this election.

It is expected that voting papers will be posted to the electorate on Friday 3 August 2007. Completed voting forms must be returned by post to the Electoral Reform Services Ltd, PO Box 6352, London N1 1YR, to arrive not later than noon on Friday 31 August 2007.

The newly elected Council member will take office at 12.01am on 7 September 2007.

**Ann Lewis**  
Secretary and Registrar

### Amendment to Examination Regulations: special arrangements for disability

By order of the Privy Council dated 19 June 2007, the following amendment has been made to Section 3 of the Examinations Regulations for the Royal Pharmaceutical Society's Registration Examination.

#### Section 3: Examinations centres and special arrangements for disability

*Paragraph 3.3* — In the first sentence, after "no later than" insert "six weeks before" and before "deadline specified" insert "general".

**Ann Lewis**  
Secretary and Registrar

*Note: The amendment give the Board of Examiners six weeks' extra time in which to assess and grant requests from registration examination candidates for special arrangements to cater for disability.*

### Statutory Committee decisions

Set out below are the outcomes of recent inquiries heard before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain on Monday 18 June and Tuesday 19 June 2007.

1. Following the inquiry into the case of **Ian Anthony McAsey** (registration number 85173), the committee adjourned to resume and deliver the determination at a later date.
2. Following the inquiry into the case of **Sheila Elizabeth Coventry** (registration number 81492), the committee resolved to reprimand Mrs Coventry following her conviction on 13 December 2005 at Edinburgh Sheriff Court for causing assault to injury.

3. The Statutory Committee issued a reprimand to **Neil Hutchinson** (registration number 79982) following an inquiry into a number of dispensing errors; the supply of a Controlled Drug, namely, 30 Concerta X tablets, against a prescription for 14 such tablets; a failure to comply with the labelling regulations; a breach of Regulation 19 of the Misuse of Drugs Regulations 2001 relating to record-keeping; a failure to supply a patient with his medicine and the pharmacy's failure to deal with the subsequent complaint appropriately; the supply of medicine to a patient without reference to a prescription or a copy prescription and without checking with the prescriber; an oversupply of candesartan tablets and a failure to label this supply accurately; a failure to keep a verifiable audit trail of the supply of prescription only medicine; the supply of medicine to a patient by reference only to previously incorrectly supplied medication and the labelling from an old monitored dosage system pack; a failure to act in the best interests of a patient; a failure to deal with a patient's mother in a professional and courteous manner; a failure as superintendent pharmacist to have in place a system to identify each pharmacist responsible for particular supply; a failure to heed the advice of the Society; a failure to have in place adequate procedures for dispensing in monitored dosage systems; the pharmacy's inadequate procedures for dealing with errors and complaints; an unacceptably dirty and untidy pharmacy; a failure to assess or remove date-expired chemicals and/or medication; the presence at the pharmacy of patient-

Royal Pharmaceutical Society in partnership with Academy of Pharmaceutical Sciences

## Residential course: Tableting technology for the pharmaceutical industry

■ **Dates:** Monday 19 November (10.30am) to Wednesday 21 November (3pm).

■ **Venue:** Moller Centre, Cambridge, UK.

■ **Content:** Intensive course on the formulation, production and properties of pharmaceutical tablets. The course will examine the basic concepts of equipment selection, granulation and end-point determination, formulation optimisation and prediction, in-process monitoring, official and non-official dissolution tests, and film coating. Workshops and problem-based learning sessions will provide opportunities to discuss in small groups the real-life problems encountered in tableting and will draw on a theoretical knowledge of the principles involved in the processes.

■ **Participants:** Graduates and technical staff working in formulation development or tablet production, particularly those who have not previously worked in these areas and who require an intensive introduction to tableting and the associated processes.

■ **Fees:** £1,495 for members of the Society or APS and £1,555 for others. Fee includes two nights' accommodation, meals and refreshments, a welcome reception, social programme and a resource pack with full course documentation and CD-ROM.

■ **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](mailto:science@rpsgb.org)). Information is also available from the "Events and meetings page of the Society's website ([www.rpsgb.org/worldofpharmacy](http://www.rpsgb.org/worldofpharmacy)).

International Pharmaceutical Federation in partnership with the Royal Pharmaceutical Society

## FIP Quality-International 2007 Conference: Call for speakers and posters

- **Dates:** Monday 26 November and Tuesday 27 November.
- **Venue:** Royal Pharmaceutical Society headquarters, London.
- **Title:** "Critical process parameters in the manufacture of active pharmaceutical ingredients, biologicals, tablets and parenterals: linking process understanding to control strategy".
- **Aim:** To discuss the operational definitions of criticality for the five most common pharmaceutical manufacturing processes, thereby contributing to a more harmonised understanding of process criticality across the pharmaceutical industry.
- **Participants:** The conference is aimed at those working in pharmaceutical development and manufacturing (API, biotech, dosage forms), regulatory affairs, quality control, quality assurance, etc, plus staff of regulatory authorities and inspectorates and pharmaceutical scientists in academia.
- **Speakers:** The organising committee has invited 15 leading experts in the field of API, biotech, tablet and parenteral manufacturing to present their views and to give case studies illustrating practical approaches on how to tackle process criticality. The committee is also inviting other pharmaceutical scientists to make suggestions for the scientific programme and to indicate whether they are interested in presenting their own views as posters or short oral presentations. Suggestions and expressions of interest in making presentations should be e-mailed to Tom Sam at the FIP (tom.sam@fip.org).
- **Registration:** Full registration information will be available later but intending participants can pre-register by contacting Julie Churchill (see below).
- **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). Information is also available from the "Events and meetings" page of the Society's website (www.rpsgb.org/worldofpharmacy).

returned medicines, including prescription-only medicines, on a stairway to which customers had access, in the stockroom and in the office; and, the dispensing of oiwings without reference to the relevant prescription, may amount to misconduct. The committee further directed that no further action should be taken against **Carol Janette Hutchinson** (registration number 79981).

**David Gomez**  
Secretary to the Statutory Committee

### Health Committee decision

On Thursday 21 June 2007, the Health Committee of the Royal Pharmaceutical Society of Great Britain made an order under Article 54 of the Pharmacists and Pharmacy Technicians Order 2007, that the registration of **Mohammad Atif Yousaf** (registration number 93328) be suspended for a period of 12 months. This order is subject to review within six months.

**Jeanne Thircuir**  
Fitness to Practise Committees Secretariat

Royal Pharmaceutical Society, Academic Pharmacy Group and APS

## Symposium: Pharmacy education

- **Date:** Monday 12 November 2007
- **Venue:** Royal Pharmaceutical Society headquarters, London
- **Title:** "Careering towards the future: Debating pharmacy education from undergraduate to ... where?"
- **Organisers:** Royal Pharmaceutical Society in partnership with the Society's Academic Pharmacy Group and the Academy of Pharmaceutical Sciences
- **Aim:** To provide an informative, provocative, stimulating and enjoyable event taking a broad view of new developments in pharmacy education and giving an opportunity to debate the educational and developmental implications arising from the White Paper on the regulation of health professionals and national discussions on the future direction of the profession.
- **Programme:** Topics will range from the impact of Higher Education Funding Council for England policy to educational involvement in pharmacy career development. Participants will have the opportunity to engage with and debate contentious issues, such as undergraduate student registration with a regulator or the real impact of "e-learning". The symposium will conclude with an opportunity to question a panel of national leaders drawn from the profession.
- **Fees:** Members of the organising bodies, £80; others, £130. A reduced "early bird" fee of £65 is available to those registering before 31 July.
- **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 julie.churchill@rpsgb.org).

## DEATHS

**Browne** On 19 June, Charles John Roger (Charlie) Browne, MRPharmS, aged 50, of 75 Windrush Close, Pelsall, Walsall WS3 4LJ. Mr Browne registered in 1979.

## DIARY

### 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 3 July

**Morganwg** "Effective management of postmenopausal osteoporosis: what are the challenges?" by Michael Stone. Sketty Hall, Swansea. Buffet 7.15pm meeting, 7.45pm.

### Wednesday 4 July

**Mansfield** "Osteoporosis" by Opinder Sahota (consultant physician and honorary senior lecturer, Queens Medical Centre). South Forest Leisure Centre, Edwinstowe. Carvery 6pm, meeting 7.30pm.

### Thursday 5 July

**Hertford** "The future of the Royal Pharmaceutical Society" by Graham Phillips (member of the Royal Pharmaceutical Society's Council). Health Research Building, University of Hertfordshire (Hatfield Campus). Light refreshments 7.30pm, meeting 8pm.



**Royal Pharmaceutical Society**  
of Great Britain

#### London headquarters

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#### 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

#### 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