



Society shares its early thinking on the regulation White Paper

The Royal Pharmaceutical Society has published four summaries on its website that are intended to give members and other interested parties a flavour of its early thinking regarding the Government's intention to separate its regulatory and professional functions. The summaries are entitled:

- Establishment of General Pharmaceutical Council
- Establishing a professional leadership body
- Professional body and GPharmC — a cradle to grave relationship
- Establishing a professional leadership body — transitional route

The Society says that the papers on which these summaries are based were submitted to Lord Carter's working party on pharmacy professional regulation in the spring and should be regarded as "a snapshot of our thinking at that early date". It explains that it was not able to share the material with its members or staff as early as it would have liked because of the Government's confidentiality restrictions.

Although it acknowledges that former health minister Lord Hunt said that the new professional body should be a new entity and not a reincarnation of the Society, the Society emphasises its belief that this is for the profession, not the Government, to decide. So it is pressing ahead with plans for an independent analysis of the functions and structure of a future professional body, together with in depth research to determine what members might want, need and expect from such a body. This will be followed by a formal consultation process.

Although it is comparatively easy to predict what the GPharmC will look like, the Society says that the establishment of a professional leadership body is less easy to summarise. It adds that the Council is well aware of its responsibilities as the governing body of the existing professional organisation and believes strongly that any new arrangements should bring stronger professional leadership for pharmacists.

"We are very conscious that it is for the profession as a whole to prescribe what the future professional leadership body will look like," it says. "The Council needs to know what the members want. If there is to be a

new body for pharmacy then the membership must be at the forefront of the process." The Society hopes these summaries will contribute to a meaningful, evidence-based debate.

■ **Establishment of a General Pharmaceutical Council** The first summary explains what a GPharmC should do and how it should work together with the professional leadership body. The summary outlines the potential risks inherent in a transition from the current arrangements to the GPharmC and points out that the issues and risk identified could change as further analysis is undertaken and more information becomes available.

■ **Establishing a professional leadership body** The second summary suggests the basic principles that should underpin a professional leadership body. It says the body should "bring benefits to the profession, individuals, the public, the GPharmC and the Government by providing strong strategic leadership and by encouraging and facilitating the profession's pursuit of excellence, professionalism and innovation".

The summary says that the Society is uniquely placed to evolve into a professional leadership body but emphasises that the Society is not complacent. "We do not want to work in isolation and want to collaborate with a number of other organisations in pharmacy," it says.

The summary also outlines a number of challenges the Society believes need to be overcome in developing a professional body structure, including: culture and tradition; representing a diverse profession; a role in revalidation and standards/curriculum development; continuing professional development; expertise in medicines and science; member support; and attracting a wide membership.

■ **Professional body and GPharmC — a cradle to grave relationship** The third summary looks at the relevance of the future professional leadership body and GPharmC to pharmacists. It describes the changing relationships of two fictional young pharmacists with the two bodies as

This week

■ White Paper

The Royal Pharmaceutical Society has published papers on its website which outline its early thinking regarding the Government's decision that its professional and regulatory functions should be separated (this page).

■ Welsh Pharmacy Board

At the third meeting of the Society's Welsh Pharmacy Board it was decided that the Welsh annual general meeting should be replaced by three regional meetings (p56).

they move through their careers from graduation to beyond retirement

■ **Establishing a professional leadership body — transitional route** The fourth summary points out that whatever the new professional leadership body aspires to be, first and foremost it must be financially viable and suggests that the organisation might need funding to support its set-up and development in the early years of its existence. The summary says that the transition for the current position to a professional leadership body could follow a number of paths:

1. Allowing the Society to develop the new body, using the Society's infrastructure as a foundation
2. Creating a new body from scratch and dissolving the Society once the GPharmC is up and running, transferring any residual assets to the new body
3. Creating a new body from scratch and having the Society continue as a membership body alongside the new professional body and the GPharmC

The summary looks in details only at option 1 (the "low friction" route) and option 3 (the "high friction" route) explaining that "we have used the term 'friction' to describe the level of complexity, challenge cost and duration associated with a particular path". As for the first summary, the Society points out that the issues and risks identified could change as further analysis is undertaken and more information becomes available.

The summaries can be found on the "Regulation White Paper" page of the Society's website at www.rpsgb.org.

Welsh Pharmacy Board to hold three regional meetings instead of one annual general meeting

The Welsh Pharmacy Board of the Royal Pharmaceutical Society is to replace the annual general meeting for members in Wales and the traditional annual lecture with three regional meetings across Wales. At its third meeting on 5 July, the board agreed that such a measure would help it reach as many members in Wales as possible, and it would use these meetings to engage members in discussion about the White Paper on health regulation, the role and work of the board, and the Pharmacy 2020 consultation. Board members were also asked to consider further their own engagement with members in Wales.



Medicines management The board heard a presentation from the heads of pharmacy and medicines management (HoPMMs) of local health boards. Brian Hawkins, HoPMM at Rhondda Cynon Taff LHB, delivered "A vision for primary care pharmacy and medicines management for Wales 2007–11" and discussed the strategy document produced by the All-Wales Heads of Pharmacy and Medicines Management Group. The board agreed to work with the HoPMMs to identify perceived political barriers to delivery of the strategy.

Public affairs Marc Donovan, vice-chairman of the board and chairman of its Communications and Public Affairs Group, updated the board on the main subjects considered by the group. He told the meeting that a "Discover pharmacy" suite of literature was currently being developed. The template for the design of the literature was being finalised and two further leaflets, looking at discharge planning and diagnostics, were currently being produced.

Mr Donovan also updated the board on responses received following the issuing of parliamentary briefings to Welsh members of Parliament. He confirmed that the Welsh Directorate had received requests for further information from a number of Welsh MPs on the potential impact of the regulation White Paper on their constituents. Further exchanges of information were taking place.

Engagement with voluntary and patient organisations The board agreed to align its members to key patient and voluntary organisations in Wales and discussed the way forward in establishing and developing links. The board recognised that robust, two-way engagement with these organisations was an essential part of its remit. Existing endeavours in this area were discussed. Arlene Osman, board representative on the Wales Advisory Council of Diabetes UK, provided an update on

the role and remit of that group and its current work streams, and discussed how the board could work with it in future.

Simulated patient programme The board discussed a paper on "the simulated patient" provided by Heidi Wright, head of quality improvement at the Royal Pharmaceutical Society. It agreed to support the concept but raised a number of questions around the detail of the project, seeking further information. The Director for Wales would clarify these issues with Ms Wright and report back to the board.

Legislative process in National Assembly for Wales The board was reminded that the Government of Wales Act 2007 had come into force following the election of the Welsh Assembly Government on 3 May 2007. The Act heralded a new legislative process in Wales, and the board was advised that it would have to evolve its ways of lobbying and scrutinising legislation pertinent to Wales. It was emphasised that this was a new process for assembly members and civil servants, and different ways of engagement would be needed. The WAG had indicated the importance of listening to the people of Wales and introduced petitions by the Welsh public. This placed greater emphasis on the links needed with the voluntary sectors and networks within the voluntary sector to engage on single health issues. An analysis of how the board's role in policy development in Wales may have to develop is being undertaken with advice from the board's public affairs consultants.

Royal Pharmaceutical Society guidance

Titles for those progressing towards registration as pharmacists or pharmacy technicians

It is essential that the public and other health and social care professionals understand the status of anyone progressing towards qualification as either a pharmacist or pharmacy technician from the professional title they use. In recent years the Royal Pharmaceutical Society has favoured the term "preregistration trainee" to describe an individual undertaking compulsory periods of structured work experience before registration as a pharmacist.

Article 13(b) of the Pharmacists and Pharmacy Technicians Order 2007 provides the Society with "a general function" of "overseeing" all stages, of education, training and experience for pharmacists and prospective pharmacists, including the preregistration training and experience. The Society will gain parallel powers in respect of pharmacy technicians once the provisions of the Order that relate to the statutory regulation of pharmacy technicians are brought into force. The title "pharmacist" is protected in law and the title "pharmacy technician" will become protected two years after the start of

statutory registration. In anticipation of this, some employers have started to favour the use of the term "preregistration" in the description of those in training to become pharmacy technicians.

In response to queries from employers the Society is issuing guidance on how best to indicate status and to minimise the risk of inadvertent use of a title that could be misleading — or even place the user in legal difficulties. This guidance is not about how grades or posts are described in more detail by employers, but it operates at the higher level of the relationship with people outside the pharmacy team.

Where the descriptor "preregistration" is used within the title of those undertaking structured training in the workplace leading to registration in the Society's registers it is recommended that the term "trainee" is included within the title, for example "preregistration trainee pharmacist" or "preregistration trainee pharmacy technician" to help to ensure clarity outside the profession.

Treasures of the Royal Pharmaceutical Society's Collections

The mystery of Mrs Smith's medicine chest

The Royal Pharmaceutical Society's museum collections include over 30 medicine chests, each interesting in its own right. They primarily represent the heyday of medicine chests in Britain — the 19th century. However, one of the most complete examples has remained something of a mystery because no records survive about its age or provenance. The only fact known about it was that it was donated to the museum by a Mr Francis in 1960. Finding out more has involved a significant amount of historical detective work.

The chest's form itself offers a clue, as its "Duke of York" style with a lifting lid and a door to the front was typical from the late 1700s to about 1830. Military-style flush brass handles became popular in the 1820s, so if this were a fashionable chest, its protruding handles would suggest an earlier date. Makers' names are rarely printed on medicine chests, and this one is no exception.

From the late 1700s onwards, medicine chest bottles were rectangular in section to fit effectively into a rectangular chest. Many have labels on their shoulders, so that they can be read from above when placed in the chest. Emptied bottles would be refilled back at the pharmacy and sometimes relabelled, as was the case with the laudanum bottle in this chest.

The rectangular bottles in this chest have been blown, with pontil marks. Four of the bottles in the top section have metal caps, typical of the early 1800s. Most of the bottles are labelled "Pope, 96 Oxford Street, London, To HRH the Duchess of Gloucester, From Messrs Savory Moore and Co, Bond St".

Pope remains enigmatic. However, the history of Savory and Moore is well-documented. This long-running business opened its Bond Street pharmacy in 1794, although it did not trade under the name Savory, Moore and Co until 1814. It became Savory, Moore and Davidson between 1818 and 1826, and reverted to Savory, Moore and Co from 1826. The Duchess of Gloucester at the time was Princess Mary

(1776–1857), the fourth daughter of George III.

The bottles primarily contain a range of laxatives and purgatives: Turkey rhubarb, tincture of rhubarb, jalap powder, tincture of jalap, calcined magnesia and tincture of senna. One bottle, labelled "Peruvian bark", contains the powdered bark of cinchona. The fact that it is not labelled as "quinine powder", a description that dates from the 1820s, and that it is an "old-fashioned" crude drug rather than a tincture, suggests an early 19th century date. Cinchona was used to treat fevers and malaria, but was also taken as a tonic for headaches, coughs, sore throats, smallpox and "putrid measles".

The chest's upper section also includes storage for equipment: a hand-balance and weights, two lancets with tortoiseshell handles for use by a professional to lance boils and abscesses, a ceramic tile as a surface for mixing or making medicines, neatly housed in a vertical slot, and a spatula for mixing medicines or spreading plasters.

The chest's lower section contains five bottles, including spirit of lavender (for lack of appetite, faintness, flatulence and hysteria), camphor liniment (a rub for rheumatism, sprains and stiff joints), and spirits of sal volatile (ammonium carbonate in an aromatic solution). This bottle is labelled "Savory, Moore and Co. Chemists to the Royal Family. 136 New Bond St & 220 Regent St., London." The company did not open its Regent Street premises until 1826.

The chest has four drawers. The first contains fabric, presumably on which to spread a plaster, and four hand-written prescriptions. Two are for a Mrs Smith: "The Powders" and "The Aperient Mixture" on one, and "Cough Mixture" on the other. Tantalisingly, this recipe is dated 25 January but with no year given. It therefore seems safe to assume that the chest belonged to a Mrs Smith at some point in its life. The other two pages are each entitled "Dr Hatchell's Prescription for Cholera". The first cholera epidemic in Britain occurred in 1831, so Dr Hatchell's prescription may relate to this outbreak.

The second drawer contains three packets of Dr James' Fever Powders. This popular medicine was developed by Dr Robert James of Lichfield. It contained antimony as a febrifuge, a



The upper section of the medicine chest

poisonous substance responsible for many deaths when the powders were taken to excess. The ingredients were a guarded mystery like many other secret remedies of the time.

One of the packets is labelled "F. Newbery and Sons, 45 St Paul's, London", and priced 2s 9d. Francis Newbery was the nephew of John Newbery, publisher (of 'Mother Goose' among other things) and medicine merchant. John Newbery and Dr James entered into an agreement after the fever powders were patented in 1746, in that Newbery would manufacture the powders in return for a half share in the takings. Francis Newbery took over his uncle's business, and built a new warehouse at 45 St Paul's Churchyard in 1778. All three packets have a medicine duty stamp for three pence (3d) attached to them. This dates them to after the Medicine Stamp Act of 1812 that introduced the requirement that a duty stamp be attached to the medicine's packaging.

This drawer also includes a printed advertisement for Dr James' Fever Powder. However, this seems to have been a later addition to the chest as the many testimonials featured include one from *The Lancet* dated 1859.

The remaining contents of the drawers include glass pots with chamois covers. Among them are pots containing blister plaister, yellow basilicon, calomel (mercury subchloride) and blue pills (a purgative, including mercury). There is also a pewter Seidlitz measure, specifically made for two powders (collectively called a Seidlitz powder) which were a treatment for indigestion. The final items are a funnel, probably used when refilling bottles in the medicine chest, and a glass mortar and pestle which were used for preparing and mixing medicinal ingredients.

The clues all point to an early 19th century date for the chest, although it has clearly had later additions. This was not unusual for an item which was effectively a precursor to our current first aid kits. Although the chest may have been owned by Mrs Smith almost 200 years ago, its subsequent history may remain a mystery.



The lower section of the chest

DIARY

Headquarters meetings

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

Thursday 19 July

Veterinary Pharmacists Group Committee. 9am.

Friday 20 July

Veterinary Pharmacists Group 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)

Monday 16 July

Walsall and Wolverhampton "The pharmacology of opioid drugs" by Ben Ritzenthaler (consultant in palliative medicine and chairman of the West Midlands Palliative Medicine Training Subcommittee). Goldthorn (Quality Hotel), Wolverhampton. Buffet 7pm, meeting 7.30pm.

North East Lancashire Discussion of a merger between Burnley and North East Lancashire branches. Oaks Hotel, Colne Road, Burnley. Details Mark Collins (tel 0161 740 0438; e-mail mark@collinshealthcare.co.uk). Refreshments. 8pm.

Burnley See North East Lancashire.

Tuesday 24 July

Bristol "Will a royal college split the Society, or is it the great White (Paper) hope?" by Sultan Dajani (former member of the Royal Pharmaceutical Society's Council). BAWA Leisure Centre, Southmead Road, Filton. Refreshments 7.30pm, meeting 8pm.

DEATHS

Findlay On 8 June, Matthew Findlay, MRPharmS, aged 90, of 5 Solway Rise, Dronfield Woodhouse, Dronfield, Derbyshire S18 8ZR. Mr Findlay registered in 1950.

Hampson On 10 June, Robert William Hampson, MRPharmS, of 49 Oakdene Avenue, Chislehurst, Kent BR7 6DY. Mr Hampson registered in 1965.

Kanutin On 22 June, Harold Kanutin, MRPharmS, aged 79, of 70 Tower Court, Westcliff Parade, Westcliff-on-Sea, Essex SS0 7QH. Mr Kanutin registered in 1954.

Nasim On 11 June, Sana Nasim, aged 22, pharmacy undergraduate at the School of Pharmacy, University of London. See tribute (column 3).

TRIBUTES

Bailey In a tribute to the late Penelope Anne Bailey (*PJ*, 23 June, p753), GILL and ALLAN BEBB, JIM BARKER, GERRY DOUGLAS and HANDEL WALTERS write: It was with great sadness that we, her contemporaries on the pharmaceutical chemist qualifying course, Welsh School of Pharmacy, 1964–67, heard of the untimely death of Penny Bailey. One of a small number of the fairer sex in an intake of around three dozen in September 1964, Penny marked her presence and contribution to group cohesion by exhibiting the utmost feminine charm while seeming to be a fully paid up member of "one of the lads". How we all admired her wit and intelligence in any context, academic or social.

Her developing relationship with David may have disappointed an unknown few among our year. Her commitment and integrity resulted in marriage and eventually to the raising of three marvellous children, all utterly devoted to her, and, of course, the devotion was reciprocated. When family commitments lessened, Penny was a welcome returnee to practice in the Cardiff area. Her mature

outlook on life and work enabled her rapidly to re-engage in professional work as a pharmacist and to take on management responsibility at the Cardiff Royal Group of Hospitals and then for the Cardiff and Vale NHS Trust at Llandough Hospital, where she was closely involved in implementing systems for the use of patients' own drugs during inpatient stays.

Penny's commitment to her family and her love of classical music, particularly Wagner, gave her great fulfilment and also helped sustain her as serious illness cruelly struck at such a tragically early age. Out of sight and contact with many of her year mates, Penny faced her predicament with courage and fortitude to the end. It became too late for many of us to say "goodbye". Our memories of Penny are all we have left: they are sweet and happy, and of a classmate by whose acquaintance we feel enriched for the effect she had on our lives.

We send our heartfelt sympathy to David, Russell, Lowri and Ceri in their sad loss.

Nasim In a tribute to the late Sana Nasim (see column 1), FELICITY SMITH, MARGARET STONE, KEVIN TAYLOR and AMANDA

WILGOSS write: It was with great sadness that staff and students of the School of Pharmacy, University of London, learnt of the death of Sana Nasim, one of our undergraduates. Sana enrolled at the school in 2002 and was nearing completion of her third year of study.

In May 2004 she was diagnosed with Hodgkin's disease, for which she received extensive chemotherapy and later a stem cell transplant. Latterly, she had taken the decision to discontinue treatment to enjoy her remaining time with her family and as a student. Sana had, in spite of deteriorating health, in the past few weeks completed and submitted her third-year literature review, on her chosen subject "palliative care in cancer patients". Sana was determined to complete this comprehensive report on time, and her unique perspective, particularly on the impact of palliative care on the lives of carers and family added considerable insight and poignancy to her writing.

Sana was a gifted student and relished her studies, which assumed increasing importance for her as her illness developed. She won third place in the 2006 Higher Education Academy Subject Centre for Health Sciences and Practice Student Essay Competition for an essay describing her expectations and experiences of her pharmacy degree, in which her desire and determination to practise as a community pharmacist was clearly articulated.

Sana was a genuinely lovely individual with a great sense of humour, which she retained to the end, with her perceptive and hilarious impersonations of her hospital consultants and taxi drivers. Her great ambition was to complete her MPharm studies and become a pharmacist. She had many friends among the students and staff of the School of Pharmacy, contributed greatly to the life of the school, and will be greatly missed.

Our thoughts go out to her parents Qamar and Ruksham, her brother and sister-in-law Umar and Soby, and her sister and brother-in-law Jamal and Tanveer.

PERSONAL

Births

Banham Catherine (née Renton, ex-Bath 1992–95) and Richard are delighted to announce the arrival of their son Henry James on 19 June 2007. A brother for Jack and William.



Royal Pharmaceutical Society of Great Britain

<p>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</p> <p>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</p> <p>Welsh office Headquarters of the Society in Wales 029 2073 0310; fax 029 2073 0311; e-mail wales@rpsgb.org</p> <p>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</p> <p>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</p>	<p>Pharmaceutics information Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail pharmaceutics@rpsgb.org</p> <p>Benevolent fund Financial help for pharmacists and their dependants and information about convalescence 01327 264739 or 01323 890135</p> <p>Pharmacists' health support programme Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01327 264531</p> <p>Listening friends scheme Help from pharmacists trained in dealing with stress 020 7572 2442</p> <p>Pharmaceutical press Purchase of books and subscriptions to journals 01767 604971; fax 01767 601640; rps@turpin-distribution.com; website www.pharmpress.com</p>
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