



## Minister to address BPC 2007

Ben Bradshaw, Minister of State for Health Services, will be addressing delegates on behalf of the Department of Health at the 2007 British Pharmaceutical Conference. Mr Bradshaw's responsibilities include professional regulation — an area of specific relevance to health care and pharmacy at this time.

Mr Bradshaw is speaking in place of the new Health Minister responsible for pharmacy, Dawn Primarolo, who is unable to attend owing to prior obligations. Delegates will be addressed by Mr Bradshaw on the opening day, 10 September, from 1.30pm–2pm in the main auditorium.

President of the Society, Hemant Patel, said: "We are delighted that Mr Bradshaw will be attending BPC 2007 on behalf of Ms Primarolo and I look forward to welcoming him to the event. These are important times for the profession and the Society. Delegates will be interested to hear what the Minister has to say on key areas of his responsibilities including regulation and information technology."

□ **BPC 2007** It is not too late to attend BPC 2007. Visit [www.bpc2007.org](http://www.bpc2007.org) to reserve your place online or contact Angela Lyons at Healthlinks via [alyons@healthlinks.co.uk](mailto:alyons@healthlinks.co.uk).

### This week

- **Minister to address BPC 2007**  
Ben Bradshaw, Minister of State for Health Services, will be addressing delegates on behalf of the Department of Health at the 2007 British Pharmaceutical Conference (p271).
- **Pharmacy 2020**  
The sixth article in the Pharmacy 2020 series looks at how new sciences will affect the future for pharmacy (p273).
- **Council by-election results**  
Margaret Allan (Margaret Joan Jones) has been elected to the Royal Pharmaceutical Society's Council in the national seat for Wales. Mrs Jones scored 279 votes against her fellow candidates Mark John Griffiths and Michael John MacDonald who scored 150 and 185 votes respectively. (p275).

## Technical information service changes name

The Royal Pharmaceutical Society's technical information service has been relaunched as "Information pharmacists" and will no longer be termed the technical information service.

Information pharmacists offer an information and advisory service to members on all aspects of pharmacy including medicines information (excluding legal and ethical aspects which are dealt with by the Legal and Ethical Advisory Service). Examples of common enquiries include:

- Identification of medicines obtained from outside the UK
- Drug interactions, for example, with herbal products

- Identification of tablets or capsules from markings
- Stability of mixtures
- Recent POM to P switches

Details on the Society's advisory services can be found at [www.rpsgb.org/information-resources/advisoryservices](http://www.rpsgb.org/information-resources/advisoryservices).

Information pharmacists are also able to help members source and evaluate resources for research and to support continuing professional development. Information pharmacists can be contacted on 0207 572 2302 from 9am–5pm Monday to Wednesday, 9am–5.45pm Thursday and 9am–5pm Friday, or via [infopharm@rpsgb.org](mailto:infopharm@rpsgb.org).

### News in brief

#### Welsh pharmacy board news

The latest Welsh Pharmacy Board newsletter has been distributed to all pharmacists and registered technicians in Wales. The newsletter summarises the events that have taken place so far around regulation and professional leadership and encourages pharmacists in Wales use the opportunities provided to have their say. It also provides an update on information management and technology in Wales.

## Law and ethics bulletin

### Clarification of the "Controlled Drugs in hospital" section of 'Medicines, ethics and practice: a guide for pharmacists and pharmacy technicians, issue 31.

To clarify part (e) on page 27 of the MEP which states: "A prescription issued for the treatment of a patient in a hospital or care home may be written on the patient's bed-card or casesheet. The prescription would need to fully comply with the prescription requirements of a Controlled Drug."

A bed-card or casesheet can be used as an authorisation to administer a CD or as a prescription to make a supply of a CD. Where a bed-card or casesheet is used as an authorisation to administer a CD, it would not need to comply with the full prescription requirements for a controlled drug. However, it

would need to be clear to ensure the safe and accurate administration of the medicine to the patient. Where a bed-card or casesheet is used as an authorisation to supply a CD to a patient it would need to fully comply with the prescription requirements for a CD. Part (e), above, refers to this scenario.

### Destruction of Schedule 1, 2, 3 and 4 part I CDs

Pharmacists are advised that all Schedule 1, 2, 3 and 4 part I Controlled Drugs must be rendered irretrievable/denatured prior to being supplied to their waste carrier, unless the waste carrier has a licence to possess these CDs. This is because there are no provisions within the Misuse of Drugs Regulations for a waste carrier to possess Schedule 1, 2, 3 and 4 Part I CDs unless they have an appropriate licence. Therefore pharmacists are advised to denature these CDs before supplying them to a waste carrier.

## Law and ethics bulletin

### Restriction on sale or supply of pseudoephedrine and ephedrine containing medicines

Pharmacists are advised that they should, with immediate effect, ensure that sales of any pseudoephedrine- and ephedrine-containing medicines are restricted to one pack per sale.

Adequate procedures should be in place to prevent multiple pack sales and all staff involved in the sale or supply of these products should also be appropriately trained.

In January 2007, the Royal Pharmaceutical Society issued advice to pharmacists highlighting a link between methamphetamine and cold remedies ([www.rpsgb.org/pdfs/LEBmethamphetcoldrem.pdf](http://www.rpsgb.org/pdfs/LEBmethamphetcoldrem.pdf)). It was highlighted that methamphetamine can be synthesised relatively easily using everyday equipment and commonly available ingredients, including over-the-counter cold remedies. Pharmacists were asked to be alert to unusual requests for any items or products containing these ingredients and advised that requests for inappropriately large quantities of such products should be treated with caution.

This updated advice concerning sales restrictions reflects recommendations made by the Commission on Human Medicines (CHM) following consultation MLX 337 which proposed to restrict the availability of medicines containing ephedrine and pseudoephedrine. The CHM has advised that a number of controls should be put in place, full details of which can be found at: [www.mhra.gov.uk/home](http://www.mhra.gov.uk/home).

Further guidance will be provided once the implications of the CHM advice have been fully considered.

## Promotion at key events

Promoting the new face of pharmacy will be the main aim for Royal Pharmaceutical Society staff attending a series of events during October and November. The Society has planned a campaign to raise awareness of the role that pharmacy can play within the NHS and how it can contribute to improving patient care and choice. These messages will be promoted via an exhibition stand at Primary Care Live, ExCel London, 9 and 10 October; UK Pharmacy Show, NEC Birmingham, 14 and 15 October; and NHS Alliance, Manchester Central, 22 and 23 November.

A leaflet will also be distributed at these events highlighting pharmacy's role in primary care and addressing areas such as long-term conditions, public health, prescribing and medicines use reviews. Heidi Wright, the Society's head of quality improvement, said: "As pharmacists take on new roles it is important that we engage with stakeholders, such as commissioners and managers, working at a local level within the primary and secondary care environment. These exhibitions will allow us to do that, while drawing people's attention to how pharmacists can help the NHS to achieve its aims."

# "Training the trainers" — the larger picture for preregistration tutors

In this article, Peter Burley, head of preregistration at the Royal Pharmaceutical Society, puts the Society's "Training the trainers" package for preregistration tutors into the context of the wider picture of education and training

The Royal Pharmaceutical Society's pilot course for training preregistration tutors (*PJ*, 12 May, p567) has generated a great deal of interest. Provision for those who teach, assess, mentor or supervise students and trainees in the workplace falls under the rubric of "training for trainers". It is a well-established activity in further and higher education, although the Society has previously deferred to others to provide it for its own tutors. (The tutor sessions that were run in the past by the Society were not meant to be interactive learning events, so did not really qualify as meeting this particular need.)

A trainer in a profession is someone who wants to make a contribution to that profession and to its future. Lynsey Cleland, the Society's former head of ethics, explains: "Previously there was no explicit ethical commitment for pharmacists about training the next generation but, as from 1 August pharmacists are required to 'contribute to the development, education and training of colleagues and students, sharing relevant knowledge, skills and expertise.'" Tutors, by definition, will meet this requirement but then they will make a much more significant

contribution to the profession over and above it. The overall scope of training for trainers includes:

- Educational theory and psychology
- Training methods
- Self-reflection and evaluation
- The practice of teaching and assessment
- Design and development of training programmes
- Counselling and coaching
- The range of activities under the heading "leadership"

From her perspective as the all-Wales principal pharmacist for education, training and personal development, Lynne Bollington comments: "For tutors all this activity rests on the foundation of their expertise and professionalism in the practice of pharmacy, and which is supported by the Society's continuing professional development scheme and by pharmacy employers' in-house training and development."

Training for trainers is delivered in a wide range of settings — and by every type of organisation involved with pharmacy — from

formal academic courses, often at postgraduate certificate or diploma level, to in-service training and on to self-directed distance learning. The Society's contribution is a modest one. There is, however, general agreement that interactive, face-to-face teaching is especially important in training for trainers.

This is the broad canvas on which we can place the Society's pilot event-cum-course this year. The pilot is carefully chosen and focused, dealing only with workplace assessments. It addresses just one element of the competences that a preregistration tutor needs and the preparation needed for the role.

Also, at this stage the pilot is operating outside any formal credit rating or accreditation frameworks, but it will be relevant to the Society's CPD scheme.

Nicola Tyers, the Society's preregistration manager, concludes: "Where the Society goes from here will be informed by the outcome of the pilot, so we would like to express our gratitude to all those who have taken such interest in participating and helping us with this important developmental work."

**More details about the pilot will be published next week**

# The impact of future trends in new sciences on the practising pharmacist

In this sixth article leading to a consultation among members about the Royal Pharmaceutical Society's Pharmacy 2020 project, Molly Stevens, of Imperial College London, and Clive Roberts, of Nottingham school of pharmacy, look at how new sciences will affect the future for pharmacy

The pace of new discoveries in biotechnology and health care and even the appearance of whole new fields of endeavour in recent years have made for an exciting and challenging time for pharmacists. The increasing demands of understanding how modern medicines work at the molecular level, the shift towards predictive, preventive and personalised health care and challenges from nanotechnology and stem cell technology have added to the need for pharmacists to remain the experts in medicines.

## Introduction to nanotechnology

Nanotechnology is the ability to understand and control matter at the smallest scales, from around 100nm down to the dimensions of atoms. The concept for technologies at this scale came in the late 1950s with Richard Feynman's lecture "There's plenty of room at the bottom". Feynman noted: "The principles of physics, as far as I can see, do not speak against the possibility of manoeuvring things atom by atom, . . . it would be, in principle, possible . . . for a physicist to synthesise any chemical substance that the chemist writes down." Almost 50 years later nanotechnology has proven this possible, whether this is by traditional "top-down" approaches which involve standard lithographic procedures pushed towards their physical limits or "bottom-up" methods which use systems capable of self-assembly into functional supramolecular structures. Inspiration for this latter approach can be drawn from biology, where for instance our own skeletons are an example of a self-assembling nanocomposite material.

Huge sums are being invested in nanotechnology research and development, £0.5bn in 2000, £4.7bn in 2004 and a predicted £15bn in 2008. What makes nanotechnology so attractive? It is not simply a matter of scale, but that the properties of matter can be different when compared with those with which we are familiar. Materials can be stronger, lighter, more soluble, less hygroscopic, or become unusually optically or electrically active. A commonly quoted example compares the time for a grain of sand to dissolve in water (34,000,000,000 years) to that of a nanometre sized grain (one second). Such radical properties, here based upon the massively increased surface-to-volume ratio of a nanoparticle, are the basis on which many believe nanotechnology will revolutionise a wide range of markets, especially materials (where a major impact has already occurred), electronics and health care.



## Nanotechnology in health care

Traditionally nanotechnology in pharmacy has been associated with drug delivery, where the size of the delivery vehicle, whether it be a liposome, a polymer or even a metallic nanoparticle and its consequent ability to evade many of our bodies' natural defences has been the main attraction. We have recently seen the launch of the first nano-delivery system (DOXIL; Ortho-Biotec), a reformulated version of the anticancer agent doxorubicin. Here the drug is encased within polyethylene glycol (PEG)-coated liposomes less than 200nm in diameter. Because of the sustained release of the drug from the liposome and its long circulation time from the "stealth" ability conferred by the PEG, intravenous treatment is only required every four weeks. The use of PEG to mask a drug from our natural defences has also been used for antibody based therapeutics. Other delivery routes have also benefited. For example, VivaGel — a topical anti-HIV formulation — is one of the first drug products based upon nanoscale molecules called dendrimers (hyperbranched polymeric macromolecules, 2–10nm in size). Looking ahead, a recent report suggests that the efficiency of inhaled drug delivery could be improved eight-fold using magnetic fields to guide drugs mixed with magnetic nanoparticles.

Although the lead time required to bring products to the market in the health care sector is longer than in other areas, it is clear that the steady stream of launches which led to 38 products on the market in 2004 is shortly to increase dramatically, and not only in drug delivery. The implications of nanotechnology go much further, including for example: superparamagnetic iron oxide nanoparticles for magnetic resonance imaging; nanopowders to increase bioavailability of poorly soluble drugs; wound dressings and medical devices using antimicrobial nanosilver; magnetic and optically active materials for cancer treatment; nanohydroxyapatite for implant coatings and bone substitution; and nanosensors for point-of-care diagnostics.

Some of the most far-reaching consequences of nanotechnology we can foresee

are still in the research laboratory. Although the idea of nano-engineered robots circulating our systems like mini-submarines killing diseased cells are fantasy, the ability to make use of and modify biomolecular machines and motors — the proteins and nucleic acids that make life possible — is real. For example, recently, a synthetic molecular motor capable of autonomous nanoscale transport inspired by bacterial pathogens was demonstrated. This new biomolecular motor operates by polymerising a double-helical DNA tail and is hence powered by the free energy of DNA hybridisation. Other researchers are using the coded nature of DNA binding to assemble large complex structures, even being able to produce letter shapes which form spontaneously. The exact applications of such work may not be obvious but these are clearly important steps on the path to radical new applications in health care.

## Stem cells

Stem cell research has already provided some outstanding contributions to our understanding of developmental biology and has offered much hope for the regeneration of diseased or injured tissues. Stem cells, whether embryonic stem cells or tissue-derived stem cells (also known as adult or somatic stem cells), can undergo self-renewal as they have a higher capacity to proliferate than specialised tissue cells. They can also differentiate into other cell types such as more functionally specialised mature cells. Stem cells have the potential to revolutionise current medical practice by a variety of methods including cell replacement therapies, tissue engineering and the activation of resident *in vivo* stem cells. Application of stem cells in the area of regenerative medicine was covered previously (*PJ*, 3 December 2005, p695).

Another application where pharmacists may see developments with stem cells in the near future is within the pharmaceutical industry where stem cells can enable the development of models of a number of diseases and thereby assist in more effective screening of potential new chemical entities. Two of the leading causes of failures in preclinical development of new therapeutic drugs are critical safety issues such as hepatotoxicity and cardiotoxicity. Animal models of cardiotoxicity, for example, cannot always accurately predict clinical outcomes and have some limitations. In instances where the drug's effect on the QT interval is not well established then a detrimental prolongation of the QT interval

could lead to torsade de pointes, a rare but dangerous ventricular arrhythmia. Using human cardiomyocytes (heart cells) can provide a useful *in vitro* model system but their use in high throughput safety evaluation is hindered by a lack of healthy donors. In contrast, human stem cells with their ability to self-renew and differentiate into cardiomyocytes may provide a larger number of cells with which to conduct these important *in vitro* safety tests. This use of stem cells is not limited to cardiotoxicity and the human cells may also generate suitable models for hepatotoxicity, genotoxicity and reproductive toxicology screens among others, and help improve the selection of lead candidates and reduce drug failures in later stages of development.

A hot topic in the stem cell field is the creation of human-animal hybrid embryos and their recent approval for use in research in the UK. Researchers will be able to generate any type of interspecies hybrid embryo for research if they acquire a licence, provided the embryos are not allowed to develop beyond two weeks and are not implanted into a womb. This latest development means that it will be possible to make stem cells from people with a specific disease, by transferring, for instance DNA from the skin of a patient to an animal egg (eg, a cow or other species). Importantly this will allow the study of the effect of drugs on the diseased biochemistry of the human cell. There is currently a lack of human egg donors for this purpose and this new approach will help in the study of new treatments for many diseases.

### Personalised medicine

Another emerging field which will impact on pharmacists is the advent of "personalised medicine", enabled by the genomic revolution. Indeed, the human genome project has led to the identification of over 32,000 genes in human cells and, through the burgeoning field of pharmacogenetics, it is increasingly apparent that the effectiveness and toxicity of drug regimens vary from patient to patient as they are influenced by the genetic make-up of the individual. For example, using genomics or transcriptomic analysis to identify changes at the mRNA level in patients with systemic lupus erythematosus has led to the identification of a subgroup that may benefit from new therapeutic options.

It is likely that in the future pharmacists will see more drug treatments tailored to the patient following screening for biomarkers which may help guide targeted therapy and predict or assess therapeutic response. Biomarkers can be defined as molecules that are measurable indicators of a specific biological state (for example that may affect drug therapy or be of use for therapeutic monitoring), and that are also relevant to the risk of contraction, the presence or the stage of disease. Biomarkers can take many forms and may be detected through genomics or proteomics approaches (the latter measuring the collection of proteins expressed in a given cell

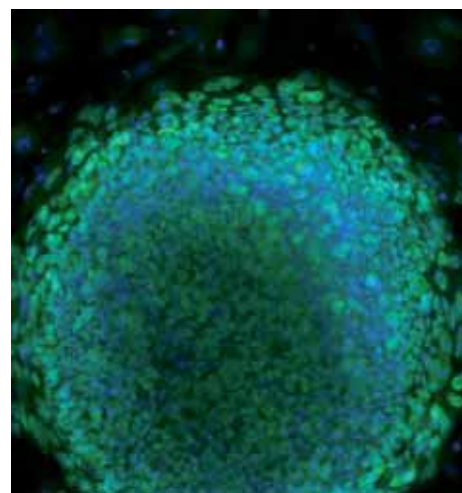
type, tissue or body fluid). However it is now well-established that changes at the mRNA level do not capture most of the variations at the protein level. Screening using proteomics may yield better clinical predictors as the protein domain is likely to be the most ubiquitously affected in disease, response and recovery. Currently, however, screening using proteomics suffers from a relative lack of sensitivity compared to detection of mRNA.

Biomarkers have been identified for several different forms of cancer, Alzheimer's disease, diabetes, neurodegeneration, metabolic diseases, tissue damage and many other conditions. However inherent problems in the lack of specificity of individual biomarkers is favouring the use of multiple biomarkers in combination, and for this there is a pressing need for the elucidation of better biomarkers and technological developments in analytical capability. Furthermore there is as yet no coherent pipeline from biomarker discovery to validation and incorporation into point of care testing kits, although this is likely to change in the future. As an example of the slow route to market, one can point to the fact that the use of DNA microarrays for cancer diagnosis and prognosis was proposed over 10 years ago but appropriate microarray diagnostic kits are yet to be approved by the US Food and Drug Administration. Although many genomic and proteomic approaches will be most suitable for blood tests, others will sample other body fluids such as saliva and urine and the pharmacist may thus well be involved in the administration of these.

Chronic diseases like cancer, diabetes, hypertension and heart disease remain major issues in public health and are likely to do so over the coming years. Even for these chronic diseases, all of which have a genetic basis and identified biomarkers, the important role that environmental influences play mean that the pharmacist's role in counselling and promotion of "healthy living" will remain important.

### Public perception and concern

The "nano" word is firmly embedded in the national consciousness and has become an area of public debate and often concern. From fanciful tales of self-replicating "nanobots" engulfing the world to legitimate concerns as to the effect of nanoparticles used in such everyday products as suncreams, nanotechnology is rarely out of public view. Yet clearly nanotechnology brings substantial benefits and it is important that these benefits are balanced against perceived and real risks of nanotechnology. Similarly, stem cell research has in the past decade justifiably gained one of the highest scientific profiles both in the medical community and the general public. This profile is undoubtedly fuelled not only by the therapeutic (and therefore financial) potential but also by the emotive ethical and political implications. In the application of genomics and proteomics for disease screening there will certainly be a group who would rather not be informed that they have a life-threatening or incurable disease and the



E. Gentleman, Imperial College

A colony of stem cells

question over who would own an individual's proteomic or genomic profile and issues over confidentiality are still unresolved.

As part of this picture it will become increasingly important that pharmacists in all sectors of practice appreciate the radical potential of nanomedicines, stem cells, genomics and proteomics, and can communicate in a balanced and informed manner the positive benefits and potential risks they bring. To aid this, it is critical that advances in these fields move forward within a framework of suitable regulation and open public debate. The strong regulatory environment in the pharmaceutical profession has meant that it is at the forefront of this process. A number of influential reports have led to this position, including the FDA's Nanotechnology Task Force 2007 report which notes that "the emerging and uncertain nature of nanotechnology and the potentially rapid development of applications for FDA-regulated products highlight the need for ensuring transparent, consistent, and predictable regulatory pathways". The need for ongoing debate and discussion between scientific professionals and the Government was no more apparent than just a few weeks ago in the Parliamentary Committee's backing of the human-animal hybrid embryos following strong support of the research from the professional scientific community.

### Conclusions

The future of health care is closely intertwined with developments in nanotechnology, stem cells, genomics and proteomics. Nanotechnology is here with us today and is being used in an evolutionary manner to improve the properties of many therapeutics and healthcare products. The application of stem cells in regenerative medicine and in drug screening is set to grow. Advances in genomics and proteomics are fuelling the shift towards predictive, preventive and personalised medicine. How these technologies will evolve and be used safely for all our benefit will be one of the great scientific adventures of the first half of the 21st century and one in which pharmacists will play an important role.



## OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to: The Chief Executive, 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 2007 — national seat for Wales

My report of voting in the above elections, which closed at noon on Friday 31 August, is as follows.

Number of ballot papers distributed	2,315
Number of ballot papers returned	621
Number of ballot papers found to be invalid (blank/spoilt) in respect of all contests	7
Thus, total number of valid ballot papers to be counted	614

#### Result (one to elect)

GRIFFITHS, Mark John	150
JONES (known as ALLAN), Margaret Joan	279 <i>Elected</i>
MACDONALD, Michael John	185

### Alex Lonie Electoral Reform Services

### Disciplinary Committee

The Disciplinary Committee of the Royal Pharmaceutical Society will meet at 1 Lambeth High Street, London, SE1, on Monday 10, Tuesday 11, Thursday 13 and Friday 14 September 2007 to hear the following matters:

1. The Committee will hear the new inquiry into a complaint by the Council of the Society against **Lawrence Simpson Mason** (registration number 68483) which alleges that the supply of 28 Lansoprazole 15mg capsules against a prescription calling for 28 Lansoprazole 30mg capsules on four occasions; supplying half of the prescribed dose without the approval of the prescriber or any other doctor at the prescribing surgery and by responding to a letter submitting inaccurate information in regards to the above, may amount to misconduct.
2. An application for restoration to the register on behalf of **Ramesh Mavji Patel** (previous registration number 90343).
3. The Committee will hear the new inquiry into **Mark David Bowyer** (Registration number

76990) who on 19 May 2006 in the Crown Court at Derby was convicted of three counts of supplying a Class B controlled drug and five counts of supplying a Class C controlled drug.

4. The Committee will hear the new inquiry into a complaint by the Council of the Society against **Alexander Harper** (Registration number 75295) which alleges that attending work as a pharmacist in charge, when unfit to do so, may amount to misconduct.

The Disciplinary Committee of the Royal Pharmaceutical Society met on Friday 31 August 2007 and made the following direction:

1. Following an inquiry into **Sunil Paul Khanna** (registration number 75526) and **Anil Paul Khanna** (registration number 75094), the Committee directed the removal of the above from the Register. Under Section 11 of the Pharmacy Act 1954, the direction to remove Mr A Khanna's and Mr S Khanna's names from the Register is not to take effect until the expiration of a period of three months from the date on which notice of removal was given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

### Fitness to Practise Committees Secretariat

## DEATHS

**Driver** On 17 August, Denys Austin Driver, MRPharmS, aged 92, of 47 Bennett Court, Station Road, Letchworth, Hertfordshire SG6 3WA. Mr Driver registered in 1942.

**Evans** On 23 August, Fred John Evans, FRPharmS, aged 63, of 166 Woodside, Luton, Bedfordshire LU1 4LU. Professor Evans registered in 1968.

**Moffat** On 12 August, Janice Forsyth Moffat, MRPharmS, aged 39, of 53 Margaret Street, Greenock, Renfrewshire PA16 8EB. Miss Moffat registered in 1991.

## TRIBUTES

**Preston** In a tribute the late Hannah Isabella Preston (*PJ*, 21 July, p86), DAVID HODDER writes: Hannah was born on 29 June 1914 in Barrow-in-Furness,

the eldest daughter of George and Marjorie Preston. She was later apprenticed to Harry Last, a pharmacist. She studied at Liverpool School of Pharmacy and qualified in October 1938. Her family moved south to Hendon, where she was employed by Lewis and Burrows Chemists for almost 25 years managing several of its branches. She joined the staff of E. Moss of Feltham, Middlesex, in 1962, managing its Allenby Road, Southall, branch until her retirement from full-time employment in 1974. For a further two years she did locum work for the company.

Hannah was a close friend and mentor of my late father, J. L. Hodder, who was a fellow of the Royal Pharmaceutical Society. In 1945, when I was born, Hannah became a family friend, as well as providing dispensary experience for my father before his qualification in the early 1950s.

Although not an aunt, she was always there to offer advice and followed my progress with the same enthusiasm for everything she became involved in.

Following her retirement Hannah and her sister moved to Highcliffe on Sea where, until recently, she was an active member of her church and supporter of many charities. People like Hannah are few and far between and will be missed by all that were privileged to have known her. Whenever I visited her there was always the latest edition of *The Pharmaceutical Journal* close to her chair and I have been told that on occasions when it did not arrive or was late she was on the telephone finding out where it was in order to keep in

touch with the latest pharmacy developments.

**Tasker** in a tribute to the late Gwynne Tasker (*PJ*, 25 August p218) PETER WORLING writes: As a colleague on the board of Vestric Ltd, Gwynne Tasker could be relied upon for his wise council supported by his deep interest in the pharmacy profession and many years' knowledge gained from retail and wholesale pharmacy.

After serving in the army, Gwynne had a long and distinguished career in pharmaceutical wholesale distribution. Originally based at Rowland James, Swansea, the company was acquired by the British Drug Houses. On the formation of Vestric Ltd, by the amalgamation of the wholesaling interests of British Drug Houses and Evans Medical by Glaxo, Gwynne moved to Gibbs Portland Square, Bristol, as regional director for the southern region.

We were both appointed to the board of Vestric Ltd in 1973, Gwynne as operations director. During his time as a director there were many improvements to the services offered by wholesalers. He was responsible for managing changes to the operating systems of the company leading to the introduction of computer-controlled systems in the company's warehouses. His quiet, kindly manner ensured that he had the loyalty of the company's managers and that these changes proceeded smoothly.

After retiring from the company Gwynne and his wife Betty moved back to Swansea. My condolences go to his son Peter and his family.

*Royal Pharmaceutical Society and the Joint Pharmaceutical Analysis Group*

## Risk assessment in pharmaceutical research, development and manufacture: measurement and management challenges

■ **Date:** Thursday 11 October

■ **Venue:** Church House, Westminster, in Bishop Partridge Hall

■ **Content:** The concept of risk management in pharmaceutical manufacturing is not new — it is the rationale underpinning cGxP. However, the disinclination to adopt risk management principles formally is now widely seen as limiting the development of a structured cost effective cross industry scientific knowledge base and innovation. Analytical science is no exception. This symposium will provide delegates with an overview of the drivers for the adoption of risk management principles in analytical science and its use in a range of applications.

■ **Participants:** Analytical and pharmaceutical scientists and managers, all who rely on analytical data in manufacturing and regulatory affairs, and teachers and students of analytical science.

■ **Further information:** Julie Churchill, Science Programme Manager, Royal Pharmaceutical Society, 1 Lambeth High Street, London, SE1 7JN (tel 020 7572 2261; e-mail [science@rpsgb.org](mailto:science@rpsgb.org)).

## TRIBUTES

**Wilkinson** The early and untimely death of Gerald Louis Wilkinson (*PJ*, 21 July, p86), following his recent retirement, brought sadness to all those who knew him.

Gerald qualified at Bradford where, on his second day there, he met his wife to be, Avril. I first had the privilege of meeting Gerald when he joined the Midland team of the Allen & Hanburys sales force in 1970. He quickly established himself as an authority in many fields and soon became a member of the hospital sales force. He was responsible for promoting the company's products in the university teaching hospitals of Nottingham, Leicester, Birmingham and North Staffordshire. He was recognised as a fountain of knowledge and a gentleman of integrity who was held in high esteem by all those with whom he came into contact, be they housemen, registrars, consultants or professors. Gerald's attitude and approach to his work involved helping all the members of the Midland team and he gave freely of his time in order to support everyone, thus enabling them to achieve their objectives. This input was much appreciated by his superiors and he duly attained the position of assistant area sales manager. "A prince among men" was the phrase that the late Peter Hanbury would use about someone when he intended to pay them the most sincere compliment possible. Those same words may now be used as a fitting tribute to the affectionate memory of such a respected friend and colleague, Gerald.

I knew Gerald well and it was always enjoyable to be in his company at work and socially. We worked together a great deal both in hospitals and also abroad. The last time I spoke to Gerald was just after Christmas when he was enjoying his well-earned retirement. Not missing the

current number crunching game, Gerald burnt his business suits and put his ties through the shredder. He became active in children's charity work and enjoyed his favourite sport, cricket, having a season ticket at Trent Bridge. Yes, Gerald, "you were always ready with a word of good cheer which brought back the smile and banished the tear". Our sympathies are extended to his wife Avril, and children, Stephanie and Paul.

## DIARY

## Headquarters meetings

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

**Monday 10 September**

Disciplinary Committee. 9.30am.

**Tuesday 11 September**

Disciplinary Committee. 9.30am.

**Thursday 13 September**

Disciplinary Committee. 9.30am.

**Friday 14 September**

Disciplinary Committee. 9.30am.

## Local meetings

Events listed below are meetings of Royal Pharmaceutical Society branches. Details of all future meetings notified to *The*

*Journal* appear in the Diary section of *PJ Online* ([www.pjonline.com/diary](http://www.pjonline.com/diary))

**Monday 10 September**

**Dudley and Stourbridge** "ADRs: near misses and error reporting" by Anthony Cox (West Midlands Drug Surveillance Centre). Clinical Education Centre, Russells Hall Hospital, Dudley. Preregistration reception and refreshments 7.30pm, meeting 8pm.

**Tuesday 11 September**

**Leicestershire** "Public health: tackling obesity" by Laurence Tressler (deputy head of medicines management, Coventry Primary Care Trust) and Diane Talbot (dietician lead for the obesity strategy for the City and County PCTs). Granby Suite, The Leicester College, Freeman's Park Campus, Aylestone Road. 7pm for 7.30pm.

**West Surrey** "Update on diabetes care" by Russell Jones. Park Room, Guildford College, Stoke Road, Guildford. Light buffet 7pm, meeting 8pm.

**Sheffield** "Liver transplantation — pharmacist and patient perspectives" by Faye Milburn (specialist liver pharmacist, Leeds Teaching Hospitals NHS Trust). EEF Sheffield. Refreshments 7pm, meeting 7.30pm.

**Oxfordshire** Wine and cheese evening and presentation on "Medicines management in mental health" by Helen Shaw, lead clinical pharmacist, Oxfordshire and Buckinghamshire Mental Health Trust. Oxford Spire Four Pillars Hotel, Abingdon Road. Oxford. Light refreshments 7.30pm, meeting 8pm.

**Wednesday 12 September**

**Bradford** "Quiz". Ramada Jarvis Bingley. Contact Nicola Booth or Vicky Winterburn on 01274 337449 for registration.

**Thursday 13 September**

**Great Yarmouth and Waveney** "The six Ds of depression" by Stephen Bazire (director of pharmacy services, Norfolk Mental Health NHS Trust). Ivy House Hotel, Ivy Lane, Oulton Broad, Suffolk. Buffet 7pm, meeting 7.30pm.

**Ipswich and Suffolk** "Pain control and constipation management in palliative care" by Phillip Wilkins (consultant in palliative medicine, St Elizabeth Hospice, Ipswich) and Ian McKenna (emergency care practitioner, East Anglian Ambulance Service). Cedars Hotel, Stowmarket. Buffet 7.15pm, meeting 8pm.

**Monday 17 September**

**Barnet** "Understanding and current management of parkinson's disease" by J. Rakshi (consultant neurologist, Barnet Chase, Royal Free and Edgware Hospitals). Education and Information Centre, Barnet Hospital. Hot meal 7.15pm, meeting 8pm.

**Stockport** "Hearing loss and digital aids" by Tracey Glover (audiology manager, Stepping Hill Hospital). Lecture Theatre A, Stepping Hill Hospital, Postgraduate Centre, Pinewood House. Refreshments 7.15pm, meeting 8pm

**Wednesday 19 September**

**Wirral** "The future of the Royal Pharmaceutical Society" by Gail Thomas (member of the English pharmacy board). The Postgraduate Education Centre, Clatterbridge Hospital, Wirral. Refreshments 7.30pm, meeting 8pm.

**Thursday 20 September**

**Chelmsford** "Coughs, colds and constipation: focus on paediatrics" Masons Too, London Road, Chelmsford. Light refreshments 7.30pm, meeting 8pm.

**West Hertfordshire** "Parkinson's disease" by Sean O'Sullivan (senior research fellow, University College Hospital, London). Park Hall, Leyton Road, Harpenden, Herts. 7.30 for 8pm.



## 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](mailto:enquiries@rpsgb.org); website [www.rpsgb.org](http://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](mailto:info@rpsis.com)

## Welsh office

Headquarters of the Society in Wales 029 2073 0310; fax 029 2073 0311; e-mail [wales@rpsgb.org](mailto:wales@rpsgb.org)

## Information centre

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

## Pharmaceutics information

Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail [pharmaceutics@rpsgb.org](mailto: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](mailto:rps@turpin-distribution.com); website [www.pharmpress.com](http://www.pharmpress.com)

## Closing down?

Closing your pharmacy? If you are closing down a registered pharmacy premises, remember that the details on the Register of Premises need to be updated.

Contact the Royal Pharmaceutical Society's registration section (tel 020 7572 2322; e-mail [registration@rpsgb.org](mailto:registration@rpsgb.org)).