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**Royal
Pharmaceutical
Society**
of Great Britain

Transactions and Official Notices

Lay members whose term of office ends in May are to be considered for reappointment to the Council

The names of the seven lay members of the Council whose terms of office end in May are to be submitted to the Appointments Commission for consideration for reappointment for a further three-year term.

The seven members concerned are Seema Agha, Phillida Entwistle, John Hanlon, Sylvia Hikins, Ray Jobling, Bob Michell and Marcia Saunders. All have confirmed their willingness to be reappointed.

At the **April Council meeting**, the Council heard that the Society was in an unprecedented situation as it moved towards the situation where there would be a regulator and a professional body, and it needed to ensure that the skill mix within the Council was appropriate for addressing the challenges. The Council was asked, therefore, to agree on one of two options: (1) whether the names of the seven members should be submitted to the Appointments Commission for consideration for reappointment (and that a skills audit be undertaken following the completion of the Council election) or (2) whether the lay member positions that fell vacant in 2008 should go to open competition so as to secure particular expertise at the highest level.

PHILLIDA ENTWISTLE reminded the Council that through the election process it would lose at least five, maybe nine, members. The possibility of losing over half the Council at any one time [were the Society to lose seven experienced lay members as well] is a risk. She added that Government timetables were unreliable and that recruitment could take four to six months. What would result would be an undefined period of instability when what was needed most of all was cohesion within the Council. Another point was that choosing option 2 would affect the creation of effective Council committees next year. She suggested that reappointment should proceed for a period covering at least the period of life of the organisation.

Declaring an interest, John Hanlon, Marcia Saunders, Ray Jobling and Sylvia Hikins left the chamber.

The CHIEF EXECUTIVE AND REGISTRAR pointed out to the Council that there was no suggestion that lay members were being sacked or dismissed. There was also no suggestion that the contribution, abilities and experience of those lay members was of any less value now than it had been



The President: Society going through a difficult change

hitherto, and that was a very high value. The question was not about their performance; it was about skill needs and looking forward.

BOB MICHELL said that it was clear that the Chief Executive and Registrar did not intend anybody to feel that they were being dismissed. But he explained that that was what he had thought a letter on the matter sent to lay Council members had meant to him. He, too, left the chamber.

STEPHEN DENYER said that the lay members the Council currently had were deeply embedded in the process of change that the Society was undergoing and that embeddedness meant a great deal to him. He said that there would be real risk if the Council sought to create an entirely new cohort of seven lay members. In his mind, skills that had been identified as being required on the Council were far outweighed by the importance of embeddedness, pace and understanding. He urged the adoption of option 1.

The VICE-PRESIDENT said that if open competition was right for elected Council members it should be appropriate for lay members too. He believed in open competition right across the board.

JOHN GENTLE said that arguments about potential disruption and instability that had been mentioned could be considered to be arguments that were just as good for cancelling the Council election. He pointed out that the Council might have three new Officers next year. That, to his mind, would cause far greater disruption than replacing the lay members, valued as they were.

The PRESIDENT said that nobody was being sacked and nobody was being asked to leave. A term was coming to an end and it was an opportunity to make sure that the future Council had as many skills as necessary to guide the profession through a difficult change.

The vote for option 1 was carried by 15 votes to five. There were four abstentions.

April Council meeting

The Council of the Royal Pharmaceutical Society met in London on 1 and 2 April 2008. News about various matters raised at the meeting appears on this and the following page. These reports will be supplemented in due course by a verbatim transcript of the meeting's open sessions published on the Society's website along with relevant agendas, supporting papers and minutes.

Attendance Those present at the meeting were the President (Hemant Patel), the Vice-President (Martin Astbury), the Treasurer (Andrew Gush), Stephen Acres, Seema Agha, Gerald Alexander, Margaret Allan, Cathryn Brown, Jonathan Buisson, David Carter, Steve Churton, Brian Curwain, Stephen Denyer, Dorothy Drury, Phillida Entwistle, John Gentle, John Hanlon, Sylvia Hikins, Lorna Jacobs, Raymond Jobling, John Jolley, Alan Kershaw, Sue Kilby, Bob Michell, Lesley Morgan, Graham Phillips, Jane Ramsey, Marcia Saunders, Douglas Simpson, David Thomson and the Chief Executive and Registrar (Jeremy Holmes). Also present were the chairmen of the English Pharmacy Board (Paul Bennett), the Scottish Pharmacy Board (Rose Marie Parr) and the Welsh Pharmacy Board (Peter Jones).

Guests Present by invitation were the following representatives of the Society's branches: Sue Carter (Southampton branch), James Davies (general secretary, British Pharmaceutical Students' Association), Kathryn Featherstone (Border region), Maggie Franklin (Crawley, Horsham and Reigate branch) and Anne Lorimer (Edinburgh and Lothians branch).

Staged retention fee payments may be available from 2009

The Council has moved a step closer towards the introduction of retention fee payments by instalment. At the **April Council meeting**, draft rules were approved which could see staged payments being introduced in time for the collection of retention fees for 2009.

The Council heard that the draft rules it was being asked to approve allowed greater flexibility than the approach originally taken by the Society, enabling it to vary the frequency of staged fee payments and offer the service to non-practising members as well as practising members without the need to make new rules.

There was also a change proposed which would allow the Society to offer staged payments to pharmacy technicians once the statutory regulation of such technicians came into force.

The Society had also received advice from the Department of Health that it may not be necessary to undertake a new consultation exercise with members to make the proposed amendments to the Royal Pharmaceutical Society of Great Britain (Registration) Rules 2007.

The reason for that was because the fees consultation exercise carried out by the Society in summer 2007 and reviewed by the

Council in November 2007 addressed the issue of staged payments sufficiently — and elicited general consent for their introduction — to allow the Council properly to reach a decision on the issue.

JONATHAN BUISSON agreed in general with the proposal but spoke against the fee collection schedule beginning in January. The members made it clear they did not want January, he said. That had come across loud and clear during the consultation. “And I note that the development costs of *circa* £8,000 are in the region of 15p per member. Are we a members-backed organisation that listens, or not,” he asked.

The TREASURER replied that the Society was indeed a member-focused organisation that listens. He explained: “Initially it was suggested that we would have to do an in-advance payment, and the initial payment would be asked for at the end of November. Members said that they did not want a pre-payment, but we had to have some payment at the beginning of the year to meet some legislative requirements. So we have listened and we have set the first payment at the latest possible date to allow this to go forward. So yes . . . we should be a listening organisation, and hopefully we are demonstrating that.”

Society would like an e-mail address for every member

The Society would like to be able to contact all its members instantly by e-mail, David Pruce, director of practice and quality improvement, told the Council at the **April Council meeting**.

Using the Society's recent e-mail to members about changes to the provision of children's cough and cold medicines (see *PJ*, 5 April, p419), he said the Society had e-mail addresses for about 26,000 members but “we would like to be able to communicate rapidly with pharmacists and pharmacies so that when a story breaks we can instantly tell people”.

The PRESIDENT agreed that it was important to get the message across to the profession that IT is important, that it is not a fad that is going to disappear and that IT literacy is important. “From what I know of community pharmacists there are some who do not even have basic IT literacy skills — and soon there will be in IT-based NHS,” he said. He thought that the Society should be taking action to ensure that all pharmacists are IT literate in order to make Britain the safest place in the world to receive medicines. “It is very important for us to be seen as an authoritative body that is supporting members,” he added.

Pharmacy prescribers to be recognised by use of postnominal initials

The Council agreed at the **April Council meeting** that the postnominal letters to be used by pharmacist prescribers should reflect their prescribing status. Thus independent prescribers may use MRPharmS(IPresc) and supplementary prescribers may use MRPharmS(SPresc).

The Council made that decision after hearing from Peter Wilson, the Society's head of postregistration, that Department of Health solicitors had reservations about not making a distinction between the two types of pharmacist prescriber. The Council had previously agreed that the postnominal would be MRPharmS(Presc) for any prescriber. However, the Department of Health advised that if one postnominal were used to cover two Register annotations, prosecution for misusing the postnominal could be impossible as the prosecuting authority could never prove which sort of prescriber a miscreant was pretending to be.

Mr Wilson suggested that the previously agreed postnominal abbreviation be split into separate ones for independent and supplementary prescribers. The Council agreed.

MEP amendments

In the first issue of each month, *The Journal* updates the guidance on the legal status of medicines published in the 31st edition (July 2007) of ‘Medicines, ethics and practice: a guide for pharmacists and pharmacy technicians’. (This notice was held over from last week.)

The amendments are given in **bold** type when added to the list and repeated each month in light type.

A product's legal status can be obtained by consulting first the latest amendment list and then the guide. The abbreviations used in the list are explained in the key to annotations in the body of the guide (p39).

Human medicines

Actonel Combi (risedronate, calcium, vitamin D₃) film-coated tablets and effervescent granules sachets POM
 Adcal D3 Dissolve effervescent tablets in packs of four 14-tablet tubes P
 Altargo POM
 Atriance POM
 Bifonazole 1% cream for the treatment of athlete's foot GSL
 Chloramphenicol eye drops entry: delete P from end of entry
 Doxadura XL POM
Eucreas tablets POM
Feminox Ultra tablets P

Galvus tablets POM
 Gygel GSL
 Hydrocortisone 1% cream for the treatment of insect bites and stings only, in adults and children aged 10 years and over GSL
 Increlex POM
 Inovelon POM
Langdale's Cinnamon Essence GSL: delete entry
 Midazolam CD No Reg POM
Naproxen entry should read: Naproxen tablets POM; but if for the treatment of primary dysmenorrhoea in women aged between 15 and 50 years, maximum strength 250mg, 500mg

(MD), 750mg (MDD), for a maximum of 3 days' treatment, in a maximum pack size of 9 tablets: P
 Natecal D3 tablets P
 Nicotine inhalator as an aid to smoking cessation and also as an aid to smoking reduction prior to cessation GSL
 Orenzia injection POM
 Rapydan medicated plasters POM
 Rasilez POM
 Rebetal (ribavarin) 40mg/ml oral solution POM
 Vicks preparations GSL: delete entry
 Yondelis POM

Motions for the 2008 branch representatives' meeting

The Royal Pharmaceutical Society's 2008 branch representatives' meeting takes place at its London headquarters on 22 May. Set out below are the 10 motions submitted for debate, each followed by an explanatory paragraph from the branch or branches concerned and background information provided by the Society's Council. All motions carried by the meeting will be referred to the Council for consideration

A. South East Metropolitan *That the maintenance of a thriving local branch structure will be essential to the success of a future professional leadership body for pharmacy.*

THE BRANCH SAYS: The current branch system is the envy of many professions and is admirably supported by the Society's membership unit. However, the standard and quality of branches (and South East Metropolitan is no exception) is inconsistent across Britain because of dependence on the availability and dedication of local volunteers and the support of local members.

It will be essential for a local single-tier organisation to be directly connected to the new professional body to ensure engagement with members at grass roots level on matters of importance to the profession. This would also render the new body tangible and relevant to its members and encourage the development of new leaders, and would surely help to guarantee success for the new body.

We propose that early steps be taken to build on and consolidate the best organisational practices within the existing branch structure, currently being captured by members of Council and the Society, by continuing to formulate guidance that can be extended to all branches. A particular opportunity is to harness innovative IT solutions to reach out to, and receive communications from, the membership. It is necessary to raise awareness of the value of branches to members and key opinion leaders as well as to address the issues of volunteerism, the administrative burden and funding.

The Society should consider it a priority to carry out the necessary formal consultation and take action to implement a new local structure before 2010, to anticipate the launch of, and work with, the new professional body.

THE COUNCIL SAYS: One of the remits of the devolved national pharmacy boards is to: "Support the Society's branches in [country]." As part of this work, the English Pharmacy Board is to hold an engagement event during April 2008, at which secretaries in English regions will be invited to join members of the EPB for discussions on what the branches and regions think is the way forward in a new professional body.

The Scottish Pharmacy Board is looking at ways of supporting the branch network in Scotland, and costed proposals and resource implications will follow.

The Welsh Pharmacy Board has developed a contact programme with branches in Wales to facilitate two-way communication with mem-

bers. This work is ongoing and board members have been aligned to a branch and are currently engaging with them.

B. British Pharmaceutical Students Association *That the Society should ensure that any new professional body continues to support the BPSA in the form of an academy for British pharmaceutical students.*

THE BPSA SAYS: This motion was passed at the 65th BPSA annual conference in Manchester. Founded in 1942, the BPSA is in its 66th year and is the only national body that represents pharmacy students and preregistration trainees. The BPSA aim to promote the interests and welfare of pharmacy students and is a section of the Royal Pharmaceutical Society.

As the Society moves towards a demerger, the interests of pharmacy students need to be recognised. The BPSA is the future of the profession and thus needs to play a key role in being part of the future professional leadership body. By being part of the future professional leadership body, pharmacy students will continue to play an active role in developing and leading the profession as well as recognising the important changes that are taking place.

The new professional leadership body may be made up of academies and is likely to have a similar structure to the current branch structure that the Society has. By recognising the BPSA as an academy, pharmacy students can be an integral part of the new professional leadership body. This will be a similar system and structure to the current position of the BPSA and the Society and branches.

The BPSA academy and the role of the BPSA president should be a paid officer role, funded and supported by the professional leadership body. The BPSA president should work at the headquarters of the professional leadership body and ensure that students are being consulted.

The BPSA executive for 2008–09 will work with the new professional leadership body to ensure all the necessary provisions are in place to enable the BPSA Executive for 2009–10 to be a functioning part of, and recognised by, the professional leadership body. These provisions should include the BPSA having an advisory team of people or contact person at the headquarters, which will look after the interests of the BPSA.

Over the years, the Society and the BPSA's relationship has gone from strength to strength. The Society recognises the relevance and importance of pharmacy students' views and should endeavour to ensure the mutual respect is continued with the new body.

The BPSA is well established and has many members who recognise and trust the reputation and name that the BPSA has created over the past 66 years. BPSA members are among the most proactive of pharmacy students and care passionately about the profession. Many members of the BPSA executive go on to become leading figures in the pharmacy world. This is why it is important that the BPSA is an integral part of the future professional leadership body.

THE COUNCIL SAYS: In its submission to the Clarke inquiry, the Society stated that pharmacy students (encompassing MPharm students and preregistration trainees) are the future practitioners and there is an opportunity for the professional body to draw them in from an early stage in their studies. This will have benefits for the profession as a whole in fostering professional identity and aspirations, as well as providing valuable services for students themselves.

The Society also proposed that the professional body should adopt a "cradle to grave" approach, reaching out to potential members of the profession from the earliest stage (eg, by providing careers advice for schools).

The Society also stated that the professional body needs to encourage student membership; of undergraduates through the BPSA or through some other student body overseen by the professional body and by providing a form of membership to pharmacy students and preregistration trainees.

There may be advantages in enabling smaller groups to communicate and share information on issues of common interest, etc, probably in some form of network or "virtual academy". Creating an "academy" inside the professional body along the lines of the Society's current standing committees or special interest groups could be more bureaucratic and costly. A "virtual academy" would use modern information and communications technology for communication and information sharing. It would be flexible, responsive to changing needs, and cost-effective.

C. British Pharmaceutical Students Association *That the Society should seek to encourage preregistration training providers to increase the opportunity for preregistration trainees to undertake cross-sector placements.*

THE BPSA SAYS: This motion was passed at the 65th BPSA annual conference in Manchester. It was reported (*PJ*, 26 June 2004, p797) that from 2005–06, it would be mandatory for all preregistration trainees to have some experience in

both hospital and community pharmacy. This was revoked in February 2006 (*PJ*, 4 March 2006, p277), when the Council of the Society dropped its long-standing commitment to make cross-sector experience (CSE) a mandatory part of preregistration training. The Council concluded this on the basis of a working group report that suggested that there was not enough capacity within the provision of preregistration training to ensure that every trainee would be able to experience both hospital and community pharmacy.

This decision by Council has guided several of the large multiple providers to actively discourage preregistration trainees from undertaking any form of cross-sector experience; despite the Council complimenting the profession on the strength and value of the CSE scheme and of alternate sector experience.

Some of the large multiple providers actively discourage preregistration trainees from taking part in cross-sector placements. There are many places where students can experience the many sectors of pharmacy, not just in NHS hospitals. Students are being actively pushed away from venturing out of more than one or two stores within the same company.

The objectives of cross-sector experience, as defined by the Society, are to enable preregistration trainees to gain an appreciation of the complete patient experience across primary, secondary and tertiary care boundaries and identify the impact and importance of the pharmacist's role. It is difficult to see how this can be achieved in a single sector.

The BPSA would like to see the Society ensure that all preregistration trainees who wish to undertake a CSE are able to do so, and that the preregistration providers are encouraged to make these opportunities available for students. The Society should do this by lobbying both the large multiples and the NHS to significantly increase the number of cross-sector opportunities within both PCTs and hospitals by 2010.

This motion is mainly aimed at preregistration trainees from England and Wales, as the National Education for Scotland programme has already addressed these issues — the cohort of trainees from 2008–09 onwards will have the organisation, administration and funding of preregistration placements in both community and hospital practice by NHS Education for Scotland. The new arrangements in Scotland, known as the NHS Preregistration Pharmacist Scheme, will ensure that every preregistration trainee funded by NHS Scotland receives the same high quality training opportunity, support and experience, regardless of the practice setting.

Ideally, all preregistration trainees should undertake this cross-sector experience, but we understand that feasibly this may not be possible; however, we feel that students should not be actively discouraged. The preregistration year should act as a bridge between the undergraduate years and professional employment. It is not just a year to groom a future store manager, and we want the Council to show support of this view.

THE COUNCIL SAYS: The Council still expects cross-sector experience to be undertaken. The purpose of the CSE placement is for all pharmacy preregistration trainees to have an understanding of community and hospital pharmacy as a minimum. The objective is not to provide experience of every sector of practice, but to ensure that pharmacists are equipped with an understanding of patient care across care boundaries.

The CSE placement is a minimum expectation and does not preclude tutors sending trainees to other sectors of practice as part of their approved training plan.

The Society's Byelaws do allow for trainees to spend up to one week in an unapproved training site without prior approval. They also allow trainees to spend up to four weeks in an approved training site without prior approval.

It should be noted that schools of pharmacy send students to a range of practice settings (primarily hospital and community) for a variety of periods of time during their MPharm. This was scoped as part of the CSE paper to Council, but could not be recognised as part of the CSE requirement due to the variety in the periods and outcomes achieved by the schools of pharmacy.

Although the Society would like all trainees to undertake a CSE placement, there are still issues of capacity. Hospital trainees account for approximately one third of all trainees and community two thirds. If 1:1 swaps were achieved then there would still be a shortfall of placements for one third of trainees. Although some hospitals have traditionally taken more than one trainee for every hospital trainee sent into community, the pressure on trainers in the hospital sector has reached such a limit that this can no longer be relied upon. This is due in part to the added burden of taking more undergraduate students. If undertaking a CSE placement were to become compulsory then this would have financial implications. Money would need to be provided to hospitals to increase the number of community trainees that they could take, to allow them to provide a co-ordinator and in-house trainer for the trainees.

In Scotland, where NHS Education for Scotland (Pharmacy) has control of the contract with all preregistration training sites and the training grant to be paid to those sites, CSE is an explicit contractual requirement of those providing training.

The BPSA motion is correct in the sense that trainees should all undertake a CSE placement and this was discussed as part of the Council's decision in February 2006.

The motion is also correct in that the preregistration year is a period for grooming trainees not for specific roles in the pharmacy but for all roles as a pharmacist. The period is one in which trainees progress from the application of knowledge (as students) through to the demonstration of skills, knowledge and attitudes in practice to become an independent practitioner.

D. Birmingham *That there must be a choice of method of payment of the Society's fees available*

to its members, including the facility to pay by cheque.

THE BRANCH SAYS: Members should be able to pay their fees by whatever method they feel most comfortable with. The withdrawal of the possibility to pay by cheque can be also seen as being discriminatory towards older members (ie, those who no longer practise and/or do not have easy access to a computer and the internet). Most of these members do not see the telephone banking method as an alternative they would like to use.

The branch members are aware of the letter and response by the Society's President that appeared recently in the *PJ*.

If this motion is carried, the branch would expect that the cheque payment facility be reinstated by December 2008.

THE COUNCIL SAYS: The Society has been considering its use of cheques for a number of years. Historically, due to the nature of the Society's business activities, a large volume of cheques would be received within a short space of time together with ongoing cheques throughout the year. Keeping track of cheques was difficult, and delays in processing occurred because of the volume. A significant number of staff were required to process the cheques and unnecessary hidden administration costs were evident. In addition, a number of cheques were subject to fraud, which required costly investigation by external advisers. The Society's internal auditors requested that a review of financial processes be undertaken to avoid cheques being intercepted.

With this in mind, the Society's financial controller put together a financial strategy in 2005 that focused on preventing fraud and reducing costs within the retention fee process and other areas across the Society. The strategy particularly looked at weighing "required processing times" against "costs to meet requirements", which meant that alternative payment methods were required.

Although a radical approach at the time, it was recommended and agreed that the Society should encourage the removal of the use of cheques. It was agreed that a three-year plan should be put in place to ensure members were fully aware, well in advance, of the strategy. Over the past three years, there have been a number of communications on the removal of cheques, the retention fee form included a statement that it was the Society's intention for the removal of cheques in 2008 and statements/presentations have been given at the branch representatives' meeting and the branch secretaries' meeting.

The Society is not alone in moving towards the removal of cheque payments. Many organisations have already made the move towards not accepting cheques, and in fact, it is becoming increasingly difficult to have a cheque accepted across many sectors that previously offered the facility.

Since the financial strategy was agreed, alternative payment methods have been initiated. The introduction of internet payments has

been successful year on year with more members preferring to pay online. The current retention fee process had over 28,000 members paying online (2007 process, 23,000 members), and 61 per cent of the membership now pays online. We have also encouraged members who do not have internet access to consider paying their fees by direct debit. We are not seeing a decrease in direct debit payments, which again is encouraging.

Finally, to again consider those members who do not have access to the internet, we are in the process of setting up a new telephone payment system which will allow members to make their professional declaration and pay their fees by debit or credit card. We will communicate to members how to use this service in due course.

E. Harrow and Hillingdon *That the Society investigate methods for helping pharmacists carry out MURs [medicines use reviews] in a more professional manner, not driven by targets and cost, so that the patient can genuinely gain from the experience and the doctors can start to appreciate the value of pharmacists in the overall care of the patient.*

THE BRANCH SAYS: Medicines use reviews were supposed to help patients take their medications correctly and gain some understanding of what they were taking, to formalise and improve the lines of communication between pharmacist and doctor and to increase the standing of the pharmacist with his or her patients.

But, since they are just seen by some of the multiples as a direct income replacement for monies lost from other sources (such as oxygen, category M, etc), they are now trying to force their pharmacists to carry these out irrespective of need, ability, skill or time and without regard to their wider effects. Staff are demoralised, patients are rushed through the questions, and doctors are certainly not fans of the paperwork or the often hurried manner of their completion. The whole purpose has been shifted away from cognitive benefit to profit and loss, and MURs now appear to lack their expected professionalism.

We understand that these reviews help to bring additional income into pharmacy, but they should be carried out by professionals with the aim of aiding their patients in gaining a better understanding of their drug regimens, as well as to enhance pharmacists' professional standing with their patients and local surgeries. To do this properly requires the pharmacist to choose how many reviews should be done and in what time frame and to determine which patients will benefit from their expertise.

Pharmacists who have a special interest in, for example, their diabetic or asthmatic patients should be able to focus on these groups and not feel the need to target anybody walking into their pharmacy with a polypharmacy prescription. Let the pharmacist be the judge of his or her own skills and be the decision maker as to when those skills should be used most effectively.

THE COUNCIL SAYS: The first advanced service within the NHS community pharmacy contract is the medicines use review (MUR) and prescription intervention service. This service is available from accredited pharmacists working in accredited pharmacies in England and Wales as part of the community pharmacy contract. It is not part of the pharmacy contract in Scotland.

The service consists of accredited pharmacists undertaking structured concordance centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions. The MUR process attempts to establish a picture of the patient's use of their medicines, both prescribed and non-prescribed. The review will help patients understand their therapy and will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to the patient's GP.

In order to address local priorities, primary care trusts (PCTs) in England may recommend that MURs are targeted at certain patient groups. It is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively.

The MUR involves the pharmacist reviewing patients' use of their medication, ensuring they understand how their medicines should be used and why they have to take them, identifying any problems and then providing feedback to the prescriber via the NHS MUR form. The patient also receives a copy of this form. An MUR is not usually conducted more than once a year.

The prescription intervention service is actually a medicines use review that is triggered by a significant problem with a patient's prescription, which would be over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

It is important that pharmacists remember that the MUR focuses on the use of medicines. It is not a clinical medication review.

Data relating to the number of MURs that have been carried out are available on the Pharmaceutical Services Negotiating Committee website (www.psn.org.uk). Between April 2006 and March 2007 a total of 557,359 MURs were completed.

So, it is not always the pharmacist who chooses which patients to target for an MUR. Under the pharmacy contract a PCT in England can determine who the pharmacist should target and so could, for example, say that all MURs should be focused on asthma patients.

F. Harrow and Hillingdon *That all non-UK-registered pharmacists should be required to prove their ability to speak, read, write and understand spoken English, by sitting the IELTS [International English Language Testing System] test or the iBT [internet-based test] TOEFL [Test of English as a Foreign Language] test (or similar) prior to being allowed to practise pharmacy in the UK.*

THE BRANCH SAYS: In the UK, where we are governed by EEA law, the Society is currently not allowed to test European nationals or people who hold the right to be treated as a European national, who are qualified as pharmacists in their own country and hold an EEA qualification or work experience complying with the minimum European standards, as to whether they can speak, read, write and understand spoken English to any standard. Pharmacists wishing to register with the Society who have qualified outside Europe and do not have European nationality or rights are language tested by having to provide an IELTS test result form with an achievement of a minimum of seven in every category of the academic test.

In the US, any non-American wishing to take up a university place or apply for a professional visa or to practise pharmacy in the US must prove his or her ability to read, write and speak English by passing, to a sufficient standard, the online test of English known as the TOEFL iBT. This is such a basic requirement for all foreigners in the US, that it is not even questioned.

The result is that the US universities, employers and pharmacy boards can feel confident that each student, employee or pharmacist has the necessary communication skills to be able to carry out the work they seek to accomplish.

Similarly, the Harrow and Hillingdon branch believes that the Society should press the European legislature for changes to current legislation within 12 months. This branch moves that, in order to register with the Society and practise as pharmacists in the UK, all pharmacists, irrespective of membership of the EEA, must prove their level of language skills.

Currently, the only limitation to an EEA-registered pharmacist practising in the UK who understands no English whatsoever is an onus on owners and superintendents of pharmacies to ensure that they employ pharmacists who can comply with all aspects of the Code of Ethics, which includes the ability to communicate clearly with the public. However, the branch feels that this reliance is misplaced, and that the Society should have the authority to determine for itself, prior to registration, the communication abilities of all non-UK pharmacists, for the benefit and safety of the public at large.

THE COUNCIL SAYS: Directive EC2005/36 is what gives Europeans their right to "automatic registration". Under the terms of this directive there is no requirement for proof of language skills. Therefore providing the applicant meets all the other requirements under the terms of the directive, the Society cannot request a language test for registration purposes. This position is reflected in the Pharmacists and Pharmacy Technicians Order 2007.

It is likely that the European Commission would consider this requirement to be burdensome to the applicant and therefore would not support it as it would be against the ethos of

freedom of movement and recognition of qualifications throughout Europe.

The financial implications would be negligible to the Society because applicants required to provide evidence of having passed such a test would have to pay for taking the test. There could be a financial effect in that it could reduce the number of European applicants being admitted to our register.

Were the Society to introduce language testing for EEA nationals, this would be contrary to the policies of other UK healthcare regulators and contrary to European Treaty rights on free movement.

G. Nottingham *That the Society should engage fully in supporting the process of harmonisation of accreditation of PCT-funded extended practice with the aim of ensuring that certificated training gained in one PCT applies in any other PCT adopting that scheme, and certainly within the boundaries of the host strategic health authority.*

THE BRANCH SAYS: Currently, developments in practice that are funded by primary care trusts and that require certificated training (eg, emergency hormonal contraception, smoking cessation, minor ailments) can only be available within the PCT certifying and funding that training.

The Society should give its full support through its contacts with national and other influential bodies, eg, strategic health authorities, for such training to be widely valid. The English Pharmacy Board has this matter as a work stream and the north-west ran a conference on the topic in February. Achieving such a change is vital to ensure the spread of advanced practice.

Progress by the end of the 2008–09 financial year would be desirable. The Nottingham branch considers this matter needs wide discussion and concerted action, hence this motion.

THE COUNCIL SAYS: In England, a number of PCTs commission similar extended services from community pharmacy as part of the community pharmacy contractual framework. However, each PCT develops slightly different criteria for accreditation of pharmacists to provide these services. This makes it difficult for pharmacists to provide the same service in different PCTs, which is worst for locum pharmacists. It would make sense for there to be a standard set of criteria for accreditation of pharmacists to deliver extended services.

The harmonisation of accreditation group in the north-west has achieved a good level of harmonisation of the requirements for accreditation of extended services. This enables pharmacists to be accredited in one PCT and to take this accreditation with them to other PCTs that are part of the scheme. The English Pharmacy Board has agreed to make the national roll-out of this scheme a priority for 2008.

H. Brighton *That the Society should as soon as possible bring pressure to bear on the MHRA*

[Medicines and Healthcare products Regulatory Agency] and pharmaceutical manufacturers to package all medicines intended for patients who have problems with manual dexterity such as those with Parkinson's Disease or arthritis, should be presented in such a way that these medicines can easily be accessed by these patients. [sic]

THE BRANCH SAYS: Every pharmacy will have a number of patients who experience great difficulty in opening normal packaging, be it in foil blisters or tubs or bottles with child resistant closures (CRCs). Pharmacists spend valuable time sourcing containers that can be managed by people who have trouble trying to open their medicine every time they need to take it.

How much simpler it would be if medicines were already in easy open containers, which had closures that could be replaced by CRCs when needed. The direction that the request for non-CRC must come from the patient would still be viable and the legend "store out of the reach of children" could be made much more prominent on this particular packaging.

THE COUNCIL SAYS: The Society's Professional Standards and Guidance for the Sale and Supply of Medicines under the Code of Ethics currently says: "all solid dose and all oral and external liquid preparations are dispensed in suitable reclosable child resistant containers unless: the medicine is in an original pack or patient pack such as to make this inadvisable; the patient has difficulty in opening a child resistant container; a specific request is made by the patient, their carer or representative that the product is not dispensed in a child resistant container; no suitable child resistant container exists for a particular liquid preparation; or the patient has been assessed as requiring a compliance aid." This is accepted as good practice for good patient safety reasons. Any changes proposed would need to ensure that patient safety would not be adversely affected overall.

The Society has regular meetings with the MHRA at which these discussions could take place. The National Patient Safety Agency should be involved in any discussions about the changes to packaging to ensure that the discussions took account of the patient safety aspects of both changing packaging and of making no change to packaging.

I. Brighton *That when the Royal Pharmaceutical Society is divested of its regulatory function, then full membership of the proposed body akin to a royal college should only be for those pharmacists who have obtained a pharmacy degree and are working or have worked in pharmacy.*

THE BRANCH SAYS: Members of the proposed body akin to a royal college will want to feel that they have some ownership and feel proud to belong to a body that acknowledges the time, effort and dedication that it takes to become qualified and work as a pharmacist.

We would consider that retired and non-practising pharmacists would also be eligible for full membership as their expertise, knowledge and experience will be not be lost

and will greatly enrich the work of the future body.

By including the phrase "are working or have worked", full membership will be available to those of our colleagues who are academic or industrial pharmacists rather than primary or secondary care pharmacists. Again, this will benefit the college and recognise their particular contribution to the profession.

A level of membership such as associate could be created for technicians whose role is not as searching and demanding as that of a pharmacist. Associate membership could also be available to other healthcare professionals who have an interest in pharmacy.

THE COUNCIL SAYS: The Clarke inquiry addressed the question of which categories of person should be members (either full or other) of the new professional body. The report of the Clarke inquiry was due to be published after the Council had discussed it at its April meeting.

The Society's Royal Charter specifies that the membership of the Society shall consist of registered pharmacists in Great Britain. It further requires that any resolution by the Council to create an additional membership category (such as associate members) would be classed as a Special Resolution, and so would need to be confirmed by a two-thirds majority membership vote and approved by the Privy Council.

J. Nottingham *That, in light of the impending split (2010) of the Society's functions and the controversy regarding recent large increases in retention fees, the Council should give early consideration to the fees likely to be payable to two bodies in the future, so that potential members of a new professional body are not deterred from joining by the cost.*

THE BRANCH SAYS: The recent drastic increases in retention fees have made many members very sceptical about the value for money of the Society as a professional body. In that it is fair to assume that while a retention fee will be payable (to the GPhC [General Pharmaceutical Council]), following the split of functions in 2010, membership of the remaining professional body/royal college is unlikely to be mandatory. The fee payable to the new professional body should be given early consideration to avoid fees becoming an impediment to membership.

THE COUNCIL SAYS: It is the ambition of the Society for the combined fees of the GPhC and the professional body to be no greater than the current Society retention fee after adjustment for inflation. However, the Society has no control over the actual level of the GPhC fees as that will be for the new management and council of the GPhC to decide.

The Society is currently conducting comprehensive market research to determine what services are most wanted by pharmacy professionals for the future professional body, and what level of fees would represent good value in terms of membership. The Society wants the professional body to be inclusive and therefore is looking to position the fees at an attractive and affordable level.

OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to: The Chief Executive 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).

Annual General Meeting

Notice is hereby given that the 167th annual general meeting of the members of the Royal Pharmaceutical Society of Great Britain will take place at 1 Lambeth High Street, London SE1 on Wednesday 21 May 2008 at 8pm.

The following business will be conducted:

1. Presentation of the Council's Annual Review for 2007
2. Presentation of the financial statements for 2007
3. Adoption of rules of procedure for matters raised and motions submitted for debate — (Byelaws, Section VI, Paragraph 3): "A member may raise any matter or move any motion at any annual general meeting of which he has given the Secretary notice in writing no later than the 20th day of April in the year of which the said meeting is to be held. The Rules of Procedure for debating such motions shall be

proposed by the Council and presented for adoption at each annual general meeting at which such a motion is to be moved." The proposed rules will be circulated at the meeting.

4. Consideration of any matters raised or motions moved by members of which notice has been given in writing no later than 20 April 2008

Jeremy Holmes Chief Executive and Registrar

The following programme of events takes place on Wednesday 21 May before the annual general meeting:

5. 30pm Tea and sandwiches available for those attending the AGM
- 6pm Presentation of fellowship certificates for 2007, followed by presentation of the Charter Gold Medal and Charter Silver Medal for 2008 and the Synergy Award for 2008
6. 45pm Presentation on professional leadership, and the Council's response to the report of the Clarke Inquiry into the principles, functions and structure of a future professional body for pharmacy. This will be followed by questions to the President, Chief Executive and Registrar and Nigel Clarke

Council Election
Voting papers for the 2008 Council, English Pharmacy Board and Welsh Pharmacy Board

A4 certificates

At the request of members performing locum duties, the Royal Pharmaceutical Society has made available an A4-size registration certificate.

Any member wishing to take advantage of this facility should write to the Society enclosing their current registration certificate together with a fee of £14.

It is a requirement of the Medicines Act 1968 that the certificate of registration should be displayed at the premises at which the pharmacist is working.

elections were posted to members of the Royal Pharmaceutical Society on 4 April 2008. After completion, the papers should be returned to Electoral Reform Services Ltd, PO Box 6352, London N1 1YR, to arrive not later than noon on Friday 9 May 2008.

Members are asked to post their voting papers as early as possible.

Any member who does not receive voting papers should contact the Electoral Reform Services Ltd on 020 8889 9203.

Averil Ridgway Head of Secretariat

Non-referral consultation
The consultation being held by the Royal Pharmaceutical Society of Great Britain on the types of cases suitable for non-referral to its Investigating Committee will close on 18 April 2008. Full details of the consultation can be found on the Society's website at www.rpsgb.org where a questionnaire can be downloaded and completed.

Heather Walker Directorate Administrator Fitness-to-Practise Directorate

Hospital Pharmacists Group Committee Election 2008

Notice is hereby given to the members of the Royal Pharmaceutical Society's Hospital Pharmacists Group that in the 2008 election of two committee members to represent England and one to represent Scotland, the number of nominees for England who have accepted nomination equals the number of vacancies. No nominations were received for Scotland and the committee will

co-opt a representative. No election will, therefore, be held and voting papers will consequently not be sent to group members.

The two pharmacists nominated to represent England are Ray Fitzpatrick and Richard Needle.

Meghna Joshi Secretary to the Hospital Pharmacists Group

Erasure from the Register on the direction of the Disciplinary Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 26 March 2008 following the direction of the Disciplinary Committee at its meeting on 19 February 2008: **Samuel Edwin Ashby** (registration number R6879), of Hastings, East Sussex.

Jeremy Holmes Chief Executive and Registrar

DEATHS

Garrett On 29 March, Alan George Alexander Garrett, aged 96, of 14 Hadley Road, Enfield, Middlesex EN2 8JS. Mr Garrett registered in 1932 and retired from the Register in 2005. Mr Garrett was designated a fellow of the Society in 1974 and in 1993 was awarded an MBE for services to pharmacy and the community. (See tribute p453.)

Gould On 7 March, Thomas Gould, aged 86, of 520a Thornaby Road, Thornaby, Stockton-on-Tees, Cleveland TS17 0AA. Mr Gould registered in 1945 and retired from the Register in 2005.

Hayes On 26 May 2007, Margaret Joan Hayes, MRPharmS, aged 68, of 10 Lawn Avenue, Etwell, Derby DE65 6JB. Mrs Hayes registered in 1960.

McKenzie On 6 March, George William McKenzie, MRPharmS, aged 60, of 77 Letham Rise, Dalgety Bay, Dunfermline, Fife KY11 9FW. Mr McKenzie registered in 1970.

Pearson On 29 February, Christine Frances Pearson (née Caunt), aged 83, of 21A Areley Common, Stourport-on-Severn, Worcestershire DY13 0LF. Mrs Pearson registered in 1945 and retired from the Register in 2005.

Walters On 30 March, Henry Oakley Walters, aged 92, of Morris Care Centre, Holyhead Road, Wellington, Telford, Shropshire TF1 2EH. Mr Walters registered in 1937 and retired from the Register in 2004.

Royal Pharmaceutical Society

London headquarters open day

- **Date and time:** Sunday 20 April, 10.15am to 2.30pm
- **Venue:** 1 Lambeth High Street, London SE1
- **Content:** Open day for members and their families to meet the chief executive and directors. There will be a discussion on the future services of a professional body and an opportunity to tour parts of the building, including the museum and library. The day will conclude with an optional Thames riverboat trip.
- **Fee:** There is no fee but bookings must be made in advance
- **Further information:** Details are available from the Society (tel 020 7572 2476; e-mail b&ra@rpsgb.org)

Royal Pharmaceutical Society Scottish Directorate

Scottish Office open day

- **Date and time:** Sunday 27 April, 10.30am to 1.30pm
- **Venue:** 36 York Place, Edinburgh
- **Content:** Open day for members and their families to meet the Scottish Pharmacy Board, see its work and the Society and hear from guest speakers, with an opportunity to tour the building and visit the Victorian museum. The day will conclude with an optional complimentary open-top bus tour of Edinburgh
- **Fee:** There is no fee but bookings must be made in advance.
- **Further information:** Details are available from the Scottish Office (tel 0131 556 4386; e-mail scotinfo@rpsgb.org; website www.rpsgb.org/Scotland/events)

TRIBUTES

Garrett In a tribute to the late Alan George Alexander Garrett (see p452), FRANK BAYFORD writes: Alan Garrett was a much respected figure in Enfield, both for his work as a pharmacist and for his services to the community.

He was born in Cardiff and later attended the Welsh School of Pharmacy, qualifying as a chemist and druggist in 1932. After working at Duck's Chemists in Cardiff, he came to Enfield in the mid 1930s and joined, first, Berry Chemists in Freezywater and then, in 1938, A. R. Cross of Enfield.

During the war years, Alan served in the Royal Army Medical Corps, in both the UK and India. He was made Warrant Officer, Class 1, in 1945.

In 1947 he purchased Nicholson's Pharmacy in Lancaster Road, Enfield, and for many years offered a superb service to the community from there until he retired in 1974. He possessed a great humanity and courtesy and these qualities made him an approachable and understanding person to all who came to him for advice and counselling. His award in 1974 of a fellowship of the Pharmaceutical Society was acknowledged by all as a most well deserved recognition of his work.

Alan was an active member of the local branch of the Society, serving as chairman several times and also as its social secretary and auditor. At various times he was a member of the UniChem Organisation Committee, Enfield and Haringey Family Practitioners Committee, the local National

Royal Pharmaceutical Society Sherwood Region

Conference: Advancing your practice

- **Date and time:** Saturday 27 April, 10am to 4pm
- **Venue:** School of Pharmacy, University of Nottingham
- **Content:** A keynote presentation followed by a series of interactive workshops with a continuing professional development theme
- **Speaker:** Paul Bennett, chairman of the English Pharmacy Board
- **Fee:** There is no fee but bookings must be made in advance and a £10 returnable deposit must be paid
- **Further information:** Further details and a registration form are available from Steve Garner, Sherwood region secretary (secretary@nottinghamrpsgb.org)

Pharmaceutical Union (of which he was chairman twice), and the Proprietary Articles Trade Association.

From 1979–93 he was chairman of the Enfield and Cheshunt League of Hospital Friends and, in 1976, he was also chairman of the Western Enfield Samaritans Association. He joined the Rotary Club of Enfield in 1958 and was its president in 1966 and again in 1989, when he was made a Paul Harris Fellow.

Alan became trustee of Enfield Methodist Church in 1937 and served as steward from 1948–57. He was connected with the 2nd Enfield Scouts Group, Boys Brigade and the Enfield 53 Club.

When he was awarded the MBE "for services to pharmacy and the community" in 1993 it was regarded by all as a thoroughly well earned honour.

I have many happy memories of Alan. When I was a boy, he gave me much valued advice about the contents of my chemistry set. After I had qualified as a pharmacist, his ever-welcome advice continued to be valued when we both served as officers in the local branch of the

Society and on various pharmaceutical committees. It was not only his wisdom learnt through experience that was so appreciated but also the kindly and courteous manner in which that wisdom was conveyed. He was considerate of others in less fortunate conditions and, in connection with the Samaritans Association, which organised Christmas parcels for old folk, he was to be seen in all weathers by the Enfield Town Christmas tree in December with a collection box, plus a gentlemanly "thank you" to every donor.

In appearance, Alan was tall and dignified, with an ever-ready smile and a wonderful and never cruel sense of humour. He possessed a robust laugh and if he happened to be in the audience of some comedy show, the success of that venture was assured. Both he and his wife Olive had a great love of music and both at one time sang in the Enfield Choral Society.

To Olive and her sons Stephen and Ian I offer my sympathy and condolences. Alan was, quite simply, a good man and a true Christian.

A thanksgiving service will be held at Trinity Church, Church Street, Enfield on Monday 14 April at 11am. No flowers, but donations, if wished, may be made to the Parkinson's Disease Society.

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)

Monday 14 April

Nottingham "Centre for Pharmacy Postgraduate Education: what's available" by Harlene Kithoray (local CPPE tutor). Followed by annual general meeting, School of Pharmacy, University of Nottingham. 7.30 for 8pm.

Tuesday 15 April

Bradford "Pharmacogenomics" by Bill Dawson. Cedar Court Hotel, (near M606). Buffet 7.30pm, meeting 8pm.

Harrow and Hillingdon Annual general meeting, followed by "Pseudoephedrine update" then "Pessimistic about your professional future? So what do you want to do about it?" by Rob Darracott (chief executive, Company Chemists' Association). Cumberland Hotel, Harrow. Buffet 7.30pm, meeting 8pm.

Northern Scottish Annual general meeting. Kingsmills Hotel, Inverness. 7pm

Wednesday 16 April

Harrogate "Near misses: risk management" by Stan Dobrzanski

Society membership groups

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in NHS, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a UK school of pharmacy or a recognised pharmacy academic practice unit. Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damianday@rpsgb.org).

Royal Pharmaceutical Society and Academy of Pharmaceutical Sciences

Symposium: Pharmacogenetics in context

- **Date:** Wednesday 4 June 2008
- **Venue:** Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1
- **Content:** Understanding the impact of genetic variability in drug response is an important component of the implementation of personalised medicine. However, rapid and widespread introduction of robust and acceptable genetic tests is yet to happen. This symposium will review the reasons for this and the current state of play with regard to the translation of research findings into clinical practice.
- **Fees:** £125 for members of the Royal Pharmaceutical Society or Academy of Pharmaceutical Sciences, or £140 for non-members (plus a discounted fee of £50 for students)
- **Further information:** Julie Churchill, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; e-mail science@rpsgb.org)

Royal Pharmaceutical Society and Academy of Pharmaceutical Sciences

Symposium: Biologically active compounds in foods and drinks

- **Date:** Thursday 1 May 2008
- **Venue:** Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1
- **Content:** How healthy is "healthy eating"? Many are confused about the scientific basis for many of the health claims made for common foods and drinks. Sales of "supplements" are high but their use is controversial, since some consider them to be unnecessary if a proper diet is followed. The aim of this meeting is to consider how the biological activities of ingredients of common foods and drinks might explain their claimed benefits.
- **Fees:** £125 for members of the Royal Pharmaceutical Society or Academy of Pharmaceutical Sciences, or £140 for non-members
- **Further information:** Julie Churchill, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2261; e-mail science@rpsgb.org)

(senior pharmacist, Bradford Hospital). Seminar Room, Pharmacy Department, Fewston Wing, Harrogate District Hospital. Buffet 7.30pm, meeting 8pm.

Leeds "Safeguarding children: the role of the pharmacist" by Margaret Green (nurse, safeguarding children). Hinsley Hall, Headingly Lane, Leeds. Buffet 7pm, meeting 7.30pm.

Manchester, Salford and Trafford "Pharmacy practice research forum: four short presentations" by PhD students from Manchester University. George Carnall Leisure Centre, Park, Davyhulme, Manchester. Buffet. 7 for 7.30pm.

Solihull Annual general meeting followed by "Hot topics" by John Gentle (member of the Royal Pharmaceutical Society's Council). SIMTR Conference Centre, Spire Parkway Hospital, Solihull. Buffet. 7 for 7.45pm.

South East Metropolitan "Molecule to market: the making of a modern medicine" by Ralph White (PPMLD Ltd). Clarendon Hotel, Montpelier Row,

Blackheath, London. Buffet 7.30pm, meeting 8pm.
Swindon "Crew resource management" by Chris Seal. De Vere Hotel, West Swindon. Buffet 7pm, meeting 7.30pm.

Thursday 17 April
Crawley, Horsham and Reigate "Macular degeneration" by Luke Herbert (consultant ophthalmologist). Postgraduate Medical Centre, Crawley Hospital, West Green Drive, Crawley. Buffet 7pm, meeting 8pm.
Glasgow and West of Scotland Annual general meeting. SIBS 601 E/F, John Arbuthnott Building, University of Strathclyde. Buffet. 7 for 7.30pm.

Ipswich "Principles of paediatric pharmacy" by Steve Tomlin (principal paediatric pharmacist, Guy's and St Thomas' Hospital, London). Cedars Hotel, Stowmarket. Buffet 7.30pm, meeting 8pm.

Medway "Science today: medicine tomorrow" by Tim Paget and Bernhard Gibbs (reader and senior lecturer, Medway School of Pharmacy). Medway School of Pharmacy, Anson Building, Central Avenue, Chatham Maritime. Buffet 7.15pm, meeting 7.45pm.

Monday 21 April
Bromley Annual general meeting and "Continuing professional development revalidation" by Diane Leakey (CPD facilitator). Postgraduate Centre, Queen Mary's Hospital Sidcup. Buffet 7pm, meeting 8pm.
Southampton "Drug interactions" by Karen Baxter (editor of 'Stockley's Drug Interactions'). Drug Safety Research Unit, Bursledon. Buffet. 7.30 for 8pm.

Tuesday 22 April
Croydon "Homoeopathy for common diseases" by Venita Burnaby (homoeopath).

Postgraduate Medical Centre, Mayday Hospital. Buffet. 8pm.
Oxfordshire "Therapeutic uses of cannabis" by Liz Williamson (professor of pharmacy practice and pharmacognosy, University of Reading). George Pickering Postgraduate Centre, Level 3, John Radcliffe Hospital. Headley Way, Oxford. Buffet 7.30pm, meeting 8pm.

Wednesday 23 April
Teesside "Counterfeit medicines" by Howard Tebb (secondary care, Pfizer). Parkmore Hotel,

Eaglescliffe, Stockton on Tees. Buffet 7pm, meeting 7.45pm.

Thursday 24 April
Birmingham "Diabetes" by Natasha Jacques (principal pharmacist for medicine, Solihull Hospital, Heart of England NHS Trust). Birmingham Medical Institute, Edgbaston. Buffet 7.15pm, meeting 8pm.
Chelmsford Annual dinner and discussion of motions for branch representatives' meeting. Cosmopolitan Restaurant, 10 Broomfield Road. 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; website www.rpsgb.org

Scottish office
Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail scotinfo@rpsgb.org

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 infopharm@rpsgb.org

Pharmacists' advisory service
Information on legal and ethical matters 020 7572 2308; fax 020 7572 2510; e-mail leadvice@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 0161 427 9776 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

The Diary

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any programme changes and any essential meeting information that was not available when the card was printed.