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Royal
Pharmaceutical
Society
of Great Britain

Society publishes new guidance on recording pharmacy interventions

A new guidance document from the Royal Pharmaceutical Society advises pharmacists on the recording of interventions to help ensure patient safety and improve quality of care.

Among other things, the guidance offers advice on when an intervention should be recorded, what details should be recorded, where the record should be made and for how long records should be retained.

Council member Sid Dajani, who chairs the Council's Practice Committee, said: "Pharmacists regularly make essential interventions to improve patient health and safety. This could be through preventing errors in prescriptions or through offering public health advice, such as assisting with smoking cessation.

"By recording these interventions, pharmacists are demonstrating the significant contribution they make to patient care, and the value they add when it comes to procedures such as dispensing and prescribing. In addition, recording interventions means the pharmacist has an accurate record available for scrutiny if decisions are challenged and that incidents are appropriately recorded as part of their organisation's clinical governance framework."

A version of the guidance appears in this week's *Journal* (p517). The guidance can also be downloaded from the Society's website (www.rpsgb.org) or requested from the Society's Practice and Quality Improvement Directorate (tel 020 7572 2208; e-mail qualityimprovement@rpsgb.org).

This week

- **Recording interventions**
New guidance from the Society's Practice and Quality Improvement Directorate advises pharmacists on the recording of interventions to help ensure patient safety and improve quality of care (p515 and p517).
- **Medicinal plants**
The Society's museum is co-operating with four other London medical museums to explore the history of medicinal plants as part of Museums and Galleries Month (p515).
- **PhD studentships**
A new programme of PhD studentships has been launched by the Society with the aim of increasing the number of pharmacists taking up careers in academia. The programme differs from the previous scheme in that schools of pharmacy will have to compete to host a studentship award (p516).

New display of medicinal plants from Saxon times to the 21st century

A joint initiative between the Royal Pharmaceutical Society's museum and four other medical museums in London is exploring the history of medicinal plants as part of Museums and Galleries Month, which runs from 29 April to 4 June.

In the spirit of this year's Museums and Galleries Month theme, "Making connections", the Society is co-operating with the Royal College of Physicians of London Heritage Centre, the Museum of the Order of St John, the Old Operating Theatre Museum and Herb Garret, and Chelsea Physic Garden to delve into the history of medicinal plants. The five organisations are working in partnership to promote each other's exhibitions, collections and events, under the title "London's healing herbs".

The Society's contribution is to emphasise the medicinal plants and plant-derived medicines that can now be seen in new showcases in the reception area of the headquarters building. Among the items on display are fennel, which was used in Anglo-Saxon times for eye complaints, butcher's broom, which was a medieval treatment for asthma, and peony, which was also used for asthma but in



The cinchona bark exhibit in the display at the Society's headquarters

the 17th century. Other exhibits include cinchona bark (the source of quinine), which was a popular treatment for malaria in the 18th century, bryony, which was employed as a whooping cough remedy in the 19th century, and digoxin, derived from foxgloves, which was first used for heart problems in the 20th century and is still widely used.

The medicinal plant exhibits are spread across five of the six showcases now installed in the reception area. The themes of the showcases are "Pharmacy and nature",

"Developing treatments", "Making medicines", "The Society then and now", "The evolving pharmacy" and "The pharmacy student".

Briony Hudson, keeper of the Society's museum collections, said: "Museums and Galleries Month is about collaboration and promoting the important work of museums and galleries. Working in partnership with other museums that have similar collections to ours is an effective way to raise our profile among potential visitors."

No appointment is necessary to visit the museum displays in the Society's reception area, which can be viewed from Monday to Friday between 9am and 5pm. Anyone wishing to visit displays elsewhere in the building should contact the museum office (tel 020 7572 2210) to make an appointment.

Museum and Galleries Month is organised by the Campaign for Museums, a registered charity, with support from the Museums, Libraries and Archives Council (through its Renaissance in the Regions programme) and Arts Council England. Further information about events during the month is available from the Museum and Galleries Month website (www.mgm.org.uk).

AGM to debate Council ethics

The 2006 annual general meeting of the Royal Pharmaceutical Society is to debate the ethical standards of Council members.

A member of the Society's Teesside branch is to move: "This meeting calls upon the Council members of the Royal Pharmaceutical Society to adopt and implement standards of behaviour which are not only ethically high but are seen to be high."

The AGM is to be held on the evening of Wednesday 24 May at the Queen Elizabeth Conference Centre in Westminster. The Society's assembly hall is not available for this year's meeting because it is undergoing major refurbishment.

The AGM will be preceded by the presentation of fellowship certificates and Charter medals and a discussion forum at which members can raise any issues they wish to discuss.

Official Notice, p519

Last chance to vote

The Royal Pharmaceutical Society has issued a reminder that time is running out for members who have still not voted in the 2006 Council election.

Completed ballot papers must reach Electoral Reform Services, which manages the election on behalf of the Society, by noon on Friday 5 May. The return envelopes provided to pharmacists in Britain with their ballot papers are marked first class post, so pharmacists can send off their completed ballot papers up to Wednesday 3 May to be reasonably sure that their votes are counted. Members overseas should make appropriate allowances for air mail times between their country of residence and Britain.

Pharmacists are further reminded to use the salmon-coloured voting paper that was sent to them on 7 April, rather than the grey-coloured form that was sent on 31 March.

Official Notice, p519

Death of Charter gold medallist John Stenlake

John Stenlake, CBE, FRPharmS, a holder of the Royal Pharmaceutical Society's Charter gold medal, has died at the age of 86.

Professor Stenlake's medal, awarded in 1990, recognised, among other things, his contribution to the design and synthesis of atracurium besylate — the first short acting and readily reversible skeletal muscle relaxant for use in surgery. The drug was developed by a research team led by Professor Stenlake in the pharmacy department of Strathclyde University in collaboration with the Wellcome Foundation.

Professor Stenlake also received the Society's Harrison memorial medal in 1974.

Deaths, p519

New programme of PhD studentships

The Royal Pharmaceutical Society has now launched its new programme of PhD studentships (*PJ*, 22 October 2005, p531) and is inviting schools of pharmacy to submit bids to host studentships in 2007.

The aim of the new scheme, the Society says, is "to help develop the next generation of academic pharmacists". The programme has been designed with the goal of increasing the number of pharmacists who enter and stay in academia as a career. It also aims to foster the role of the academic workforce in developing and leading the profession of pharmacy.

The new studentships, called the Academic Excellence Awards, are intended to help exceptional pharmacists and pharmacy graduates who are interested in pursuing a career in academic pharmacy to undertake PhDs.

The new programme differs from the previous PhD studentship scheme in that schools will have to compete to host an award. The successful schools will then be responsible for selecting, administering and supervising students throughout their period of training.

Under the earlier scheme, funding was offered equally to all UK schools of pharmacy on a three-year rolling basis.

The previous funding scheme began in 1999 and funded 19 students during its five-year operating period, with a total investment of £500,000. After a consultation in 2005 to review how well the scheme had addressed its purpose, the Society's Council accepted a recommendation that it should be replaced with a competitive scheme.

Under the new programme, the Society is inviting the 16 UK schools of pharmacy that have fully accredited MPharm programmes to submit applications to host one of two Academic Excellence Awards in 2007. The deadline for completed applications is 30 June. Applications will be reviewed by peer reviewers from subject areas related to the application and considered by a panel with a view to making the awards in October.

Guidance notes for interested schools are available on the research page of Society's website (www.rpsgb.org) or by contacting Florita Sanz (tel 020 7572 2278).

Two awards will also be made for each of the following two years.

Stephen Denyer, a member of the Society's Council and head of the Welsh School of Pharmacy, said: "The Society has long recognised the crucial role that academic pharmacists play in education and advancing the profession, and has been administering research awards for nearly 100 years.

"This new competitive programme will better identify those pharmacists who demonstrate an aptitude for research and a commitment to a career in academia. It will look to place these students with research leaders committed to developing the profession.

"A PhD is vital for pharmacists who wish to pursue an academic career in pharmacy. It is a rewarding career which offers the chance to train the next generation of pharmacists, impart knowledge and to conduct research that will support and improve future practice."

Current issues in pharmacy highlighted in Welsh Executive spring newsletter

Information about a range of recent developments in pharmacy is included in the new spring issue of *PharmaCymru*, the thrice yearly newsletter of the Royal Pharmaceutical Society's Welsh Executive.

As with the autumn 2005 newsletter, the new spring issue has been extended to six pages because of the amount of information to be communicated to the Society's members in Wales.

The new publication leads with an update on information technology developments in Wales (see p494). Information is also included on independent and supplementary prescribing and the newsletter gives details of the interim Controlled Drugs guidance that tracks developments as they go forward in Wales.

The newsletter gives details of Welsh Executive activities, including its work towards establishing the Society's future National Pharmacy Board for Wales. An

"Information for pharmacists" article describes sources of help and support for pharmacists and there are reports from Society branches and pharmacy development groups around Wales.

Catherine O'Brien, the Society's director for Wales, said: "This is the second issue that has been extended to six pages. With so much happening in pharmacy in Wales in general, and so much currently on the Welsh Executive's agenda, it is imperative that we relay this information to the pharmacists that need it.

"We received positive feedback after introducing the new information section and we have decided to include it again in this issue. This newsletter is our main communication tool with our members in Wales. I am delighted with the feedback to date, which suggests that it is proving to be an effective way of engaging with all sectors of the profession."

Guidance on recording of interventions

This guidance has been produced in the Practice and Quality Improvement Directorate of the Royal Pharmaceutical Society

This guidance aims to provide pharmacists with advice on the recording of any interventions they may make during the course of their practice. In particular, the guidance offers advice on the following:

- When an intervention is of sufficient significance for it to be recorded
- The content of records made
- Where the records should be made
- How these records could be used to improve efficiency and safety across the NHS
- How long these records need to be retained

The recording of interventions will be in writing initially but will become easier once the necessary IT software to support this is more readily available.

Any local or employers' policies on the recording of interventions should prevail but in the absence of any such policy then this guidance may be helpful and should be seen as a minimum requirement.



1. Why record interventions?

There are four main reasons why pharmacists should want to record their interventions:

- To help ensure patient safety and improve the quality and continuity of patient care
- To provide evidence to demonstrate the additional value of pharmacist professional input into a procedure such as dispensing, over-the-counter sales, etc, and improvement in patient care through their clinical input to prescribing
- To have an accurate record available for scrutiny where decisions could be challenged, eg, intervention on prescribing quality or accuracy
- For monitoring incidents or near misses in relation to the prescribing, dispensing or administration of medicines as part of an organisation's clinical governance framework

Although this guidance focuses on community pharmacy systems, the recording of interventions applies wherever a pharmacist practises. The entry should serve as a record of the critical thinking and judgement the pharmacist has used in assessing the situation and then go on to describe events and discussions he or she has had with patients, patient representatives or other health and social care professionals to effect that decision.

Recording interventions demonstrates the degree of responsibility and accountability the pharmacist has taken for his or her professional activities and is a key component in demonstrating how professional judgement is applied.

Records should not be limited to prescription interventions but should include any situation where a pharmacist makes a significant contribution to patient care.

All sectors should establish robust mechanisms for sharing information that could be used by other pharmacists to improve the overall standard of pharmaceutical care.

2. When to record interventions

Pharmacists are not required to record every intervention they make or to record all the advice that they give. However, the following should be considered for recording:

- Interventions that are of clinical significance (ie, could be regarded as having a direct impact on patient care)
- Interventions that provide learning opportunities to improve overall standards of care
- Interventions that could potentially be queried or refuted (so that a record is available for future reference)
- If the patient or patient representative queried or disagreed with the intervention
- If the intervention affects or impacts on another member of the health care team — referral or refusal of disclosure
- If the intervention relates to an extended service that the pharmacist is being paid for and is contracted to provide
- It may also be necessary to record all interventions over fixed periods of time on a regular basis (point prevalence studies) to establish workload trends, or patterns of medication-related problems

Records of interventions should be made as soon as possible after the event has occurred. This enables the recording of details to be more accurate.

Appendix 1 contains examples of interventions that could be recorded in both primary and secondary care.

3. What to record

The level of detail necessary for recording interventions will vary depending on each situation. Pharmacists should aim to keep the records concise by recording only what is important and excluding any extraneous information.

It may be necessary to record some or all of the following details:

- Identification of patient or other person involved, where possible, or a brief description of the patient/person
- Name and address of patient/person, if available
- NHS number if available
- Name of regular GP and/or practice or hospital consultant
- Medical conditions
- Date of intervention
- Time of intervention
- Name of person who made the intervention or gave the advice
- Patient condition or concern
- Summary of intervention including outcomes or proposed courses of action
- Names and roles of other people involved in the intervention or contacted
- Sources of information used

A pharmacist may not always have at hand all the information needed to make a detailed record. Information recorded should be of assistance should there be a subsequent enquiry regarding the nature of the intervention.

All records made should be well organised and legible, only using clear and established abbreviations that are common to all health care professionals. These records should not contain any unfounded opinions or conclusions and where conclusions are drawn these

should be supported by evidence. All patient identifiable material should be regarded as confidential and be kept securely but be readily retrievable. Data protection issues and the accessibility of records by patients and their representatives should be considered carefully when making any records.

4. Where to record

Ideally, the interventions should be entered into the PMR where this exists for a patient. However, this may not always be possible, in which case records could be made in a separate book or standardised pro-forma identified for this purpose or an electronic version once this is available. If records are made in a separate book etc then this should be cross-referenced on the PMR wherever possible.

In Scotland, some hospitals use care planning as a means of recording care issues. These care issues are often interventions, so this is another method of keeping a record of interventions made. The exchange of care planning information with community pharmacists is being encouraged.

Records of interventions should be available in each individual pharmacy to aid continuity of care.

If the intervention relates to a serious incident then, in England and Wales, this should be reported to the National Patient Safety Agency via its National Reporting and Learning System (www.npsa.nhs.uk/health/

reporting/background). Most hospitals will have their own incident reporting systems that feed into the NPSA. Interventions of major clinical significance should be recorded as near misses on the hospital system. Scotland does not currently have a national system for reporting incidents.

Where the intervention involves an adverse reaction to a medicine, consideration should also be given to reporting through the Medicines and Healthcare products Regulatory Agency/Committee on Safety of Medicines "yellow card scheme", unless the prescriber has already reported it. (See "Reporting safety problems" in the "Safety information" section of the MHRA website [www.mhra.gov.uk].)

5. How to use these records

- Reflective learning: this could be within the pharmacy team or as an action learning set or pharmacy development group where specific examples are shared and discussed (To protect confidentiality, patients' details must not be included.)
- Significant events analysis (SEA): can be used within the pharmacy as a learning tool or as an audit of standards
- National survey or audits
- Ensure consistency and continuity of standards, so that locums can refer to these files to gain an understanding of previous occurrences and make their own contribution to the process

6. How long should records be kept?

Local or employers' policies should be followed but as a matter of good practice:

- Paper records should be kept for seven years
- Electronic records should be kept for at least 20 years

7. Guidance for locums

Locum pharmacists should follow guidance established within the pharmacy and leave records of their interventions in the preferred format. The locum should follow the SOP in the pharmacy for recording interventions. He or she may also wish to make additional records, which they can use for their own CPD and learning purposes.

Locum pharmacists must satisfy themselves of the confidentiality systems in place before making such records.

8. Important points

- **Records of interventions need to be auditable**
- **Records of interventions should be kept locally, ie, where the prescription is given out**
- **Each pharmacy should have a standard operating procedure in place, outlining where records of interventions should be made, what information should be recorded and when such interventions should be recorded.**

Appendix 1: Examples of interventions that could be recorded in pharmacies

Community pharmacy

The following are examples of interventions that could be recorded in community pharmacies. In most cases, recording the intervention would not be sufficient — action to protect patient safety may also be required.

Records of prescription interventions

- Major interaction
- Dosage or medicine query — with patient and/or prescriber
- Use of medicines outside their licensed indications
- Prescribed medicine not supplied because patient does not require it
- Excessive prescribing
- If interaction flagged by the computer system has been overridden after a clinical assessment
- Significant prescription interventions initiating a medication review (including medicines use reviews)
- Incidents where there is duplication of therapy or where a medicine is no longer required
- Suspected adverse drug reaction
- Evidence of non-compliance or non-adherence with therapy
- Evidence of any interaction with co-prescribed or OTC therapy

Records of public health advice given (linked to prescriptions)

- Advice on change of diet
- Advice on other lifestyle changes
 - Smoking cessation
 - Alcohol consumption
 - Weight management
 - Increased exercise
- Advice on malaria prophylaxis

Records of signposting

- Referral of a patient to a doctor or a hospital for any reason
- Referral of a patient to other health care professionals or social carer
- Referral to a doctor following a blood pressure, cholesterol or other diagnostic test result

Records of self-care advice given

- Advice on OTC medication — only where this is of clinical significance, or as part of a minor ailment scheme
- Advice on contraindications (eg, impact on ability to drive)

Records of medication reviews

Pharmacists should make a note on the patient's PMR if they carry out a medication review, such as MUR, for that patient. This does not have to be a full record of the review

but just a note to identify that the patient has undergone a review and the date it occurred. (Full records of the review will be available elsewhere in the pharmacy.)

Hospital pharmacy

The following are examples of interventions that could be recorded in hospital pharmacies.

Records of prescription interventions

- Clinically significant interactions
- Dosage or medicine query with the prescriber
- Use of medicines outside their licensed indications
- Excessive prescribing
- Incidents where there is duplication of therapy or where a medicine is no longer required
- Significant prescription interventions initiating a medication review
- Suspected adverse drug reaction
- Suggested changes of treatment for improved prescribing
- Suggestions that a medicine is not prescribed
- Formulary queries
- Therapeutic substitution or deletion by the pharmacist under local protocols
- Incomplete or incorrect medication history, including non-recording of allergies

OFFICIAL NOTICES

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

Annual general meeting

Notice is hereby given that the 165th annual general meeting of the members of the Royal Pharmaceutical Society will take place at the Westminster Suite, Queen Elizabeth II Conference Centre, Broad Sanctuary, London SW1P 3EE, on Wednesday 24 May 2006, at 7.30pm.

The following business will be conducted:

1. Presentation of the annual review of the Council for 2005
2. Presentation of the financial statements for 2005
3. Report of revisions to the Code of Ethics issued since the 2005 annual general meeting
4. Adoption of rules of procedure for debate of motions (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.

5. Consideration of any matters raised or motions moved by members of which notice has been given in writing no later than 20 April 2006.
(i) The following motion will be moved by a member of the Teesside and District branch: "This meeting calls upon the Council members of the Royal Pharmaceutical Society to adopt and implement standards of behaviour which are not only ethically high but are seen to be high."

Ann Lewis Secretary and Registrar

The following programme of events takes place on Wednesday 24 May before the AGM: 5.30pm, tea and sandwiches available for those attending the AGM; 6.15pm, presentation of fellowship certificates for 2005, followed by presentation of the Charter gold medal and Charter silver medal for 2006; 7pm, discussion forum (an informal opportunity for members to raise issues they wish to discuss).

Council voting papers

Reissued voting papers for the 2006 Council election were posted to members of the Royal Pharmaceutical Society on 7 April 2006. 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 5 May 2006.

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

Any member who does not receive voting papers should contact the Society's head of central administration, Averil Ridgway (tel 020 7572 2204; e-mail averil.ridgway@rpsgb.org), so that a further set can be sent.

DEATHS

Birch On 7 April, Joyce Margaret Birch, MRPharmS, aged 79, of 27 Waterloo Street, Leek, Staffordshire ST13 8AS. Miss Birch registered in 1949. She was a former committee member of the North Staffordshire branch of the Royal Pharmaceutical Society.

Halton On 5 January, John Lawrence Halton, MRPharmS, aged 92, of Brandreth Lodge Nursing Home, Stoney Lane, Parbold, Wigan, Lancashire WN8 7AF. Mr Halton registered in 1936.

Hedgman On 10 April, Michael Charles Hedgman, MRPharmS, aged 62, of 17 Madeley Close, Chesham Bois, Amersham, Buckinghamshire HP6 6ET. Mr Hedgman registered in 1969.

McGreal On 6 April, Laurence Anthony Joseph McGreal, MRPharmS, aged 72, of 450 Kilmarnock Road, Newlands, Glasgow G43 2RL. Mr McGreal registered in 1957.

Miskelly On 10 April, John Walton Miskelly, MBE, MRPharmS, aged 70, of The Old Post Office, Hatton of Fintray, Aberdeen AB21 0YG. Mr Miskelly registered in 1961.

Simpson On 18 April, Beatrice Joan Simpson, née Winterton, MRPharmS, aged 89, of 3 Ashley House, 56 Forest Road, Bordon, Hampshire GU35 0XT. Mrs Simpson registered in 1941.

Stenlake On 14 April, John Bedford Stenlake, CBE, FRPharmS, aged 86, of Mark Corner, Glengap Road, Twynholm, Kirkcudbright DG6 4PR. Professor Stenlake registered in 1941. He was a recipient of the Society's Charter gold medal for 1990 and its Harrison memorial medal in 1974 (see p516).

Professor Stenlake served an apprenticeship with Boots The

Chemists. After passing the Pharmaceutical Society's intermediate examination at the age of 19, he was awarded a Jacob Bell memorial scholarship, which allowed him to study at the Society's School of Pharmacy, where he was awarded medals for distinction in pharmaceutical chemistry and pharmacognosy and the Society's Pereira medal as the most distinguished student in his final year.

After war service as a pilot in the Royal Air Force, he returned to the school as demonstrator and then assistant lecturer while he continued his studies and obtained a first class honours BSc degree in chemistry at Birkbeck College. In 1950 he completed his PhD and became a lecturer in pharmaceutical chemistry.

In 1952 he joined the staff of the then Royal College of Science and Technology in Glasgow and in 1962 was appointed professor and head of the department of pharmacy. Following the college's transition to the University of Strathclyde in 1964, he was dean of the school of pharmaceutical sciences from 1967 to 1975. When he retired from the university in 1982, he was given an honorary professorship.

His achievements and service to the profession included membership of the British Pharmacopoeia Commission. He was first appointed a member 1973 and served as vice-chairman from 1978 to 1980 and chairman from 1980 to 1988, during which time he also led the UK delegation to the European Pharmacopoeia Commission. He was a member of the Committee on Safety of Medicines from 1970 to 1979 and founder chairman of its chemistry, pharmacy and standards subcommittee. He was appointed a member of the Medicines Commission in 1984.

He was the author or co-author of well over 100 scientific papers and reviews and author or co-author of a number of standard textbooks. He was made CBE in 1985 for his contribution to the quality assurance and control of drugs and medicines. He was made a fellow of the Royal Society of Edinburgh in 1964 and in 1986 he received the Royal Society's Mullard award for outstanding contribution to the advancement of science.

Thomas On 3 April, William Roger Thomas, MRPharmS, aged 66, of Awelon, 21 Manor Crescent, Llanllwch, Carmarthen, Dyfed SA31 3RJ. Mr Thomas registered in 1962.

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.

A pharmacist whose employment does not automatically entitle him or her to join a particular group but who has a demonstrable interest in that field of practice may be admitted at the discretion of the group committee.

Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group

Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Veterinary Pharmacists Group

Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Industrial Pharmacists Group

Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Hospital Pharmacists Group

Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Academic Pharmacy Group

Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damian.day@rpsgb.org).

Society fellowship

The Royal Pharmaceutical Society's Panel of Fellows is empowered to confer fellowship on members of not less than 12 years' standing who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or have attained distinction in the science, practice, profession or history of pharmacy.

A pharmacist wishing to nominate a colleague for fellowship needs the support of at least two other pharmacists. At least one of those making or supporting the nomination must be a fellow. The nominator should provide a detailed biographical profile of the nominee, clearly showing the contribution made to pharmacy through their career. The biographical details should also include information about involvement in civic affairs or other voluntary work on behalf of the community (this

assists the panel in putting into context the nominee's contribution to the profession).

Nominations and enquiries about the nomination procedure should be addressed to Roger Odd, Secretary of the Panel of Fellows, Royal Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN (tel 020 7572 2203). There are no official nomination forms.

The panel meets each May and November. The closing date for nominations is 1 March (for May) or 1 September (for November). The panel's decisions are reported to the Council in June and December so that authority can be given for affixing the Society's official seal to the fellowship certificates. Although appointed by the Council, the panel does not include any Council member.

TRIBUTES

Aschkenasy In a tribute to the late Basile Hipolyt Aschkenasy (*PJ*, 4 March, p279), ROBERT SMITH writes: Basil Aschkenasy was born in Bucharest in 1929. When his family left Romania in the post-war years and settled in Argentina, he chose to remain in Europe. He spent his early education years at the University of Rome before coming to London, where he was to spend the rest of his life.

I was fortunate to meet him in the autumn of 1953 when we both became pharmacy students reading for the new three-year honours BPharm degree at the Chelsea School of Pharmacy. We were to remain firm friends for more than 50 years.

After graduating BPharm in 1956 and undergoing postgraduate training, Basil joined Beecham Laboratories as an experimental pharmacologist but he did not find the industrial climate for research particularly congenial. He then entered hospital pharmacy as a pharmacist at Dorking Hospital, a calling that he found much more acceptable. From here he developed a career in hospital pharmacy spanning more than three decades, subsequently moving to the Institute of Psychiatry at the Maudsley Hospital, where he became chief pharmacist and eventually group chief pharmacist.

He had a remarkable encyclopaedic knowledge of drugs and took pride in keeping up to date on new developments. He developed close relationships with clinicians and consultants at the Maudsley Hospital and was much respected for his expertise and knowledge. Indeed, he instigated visits to the wards by pharmacists, a practice that is widely accepted nowadays. Quite apart from his detailed knowledge of clinical pharmacology he was also

interested in herbal and complementary medicine, about which he maintained an open mind.

By nature he was a charming person, warm in his personal relationships and solicitous for one's well-being. We would meet from time to time to dine together. He had a remarkable penchant for discovering new unpublicised ethnic restaurants in different parts of London.

Basil took early retirement from the Maudsley Hospital, mainly because he found the new administrative atmosphere to be

difficult and indeed unpleasant, time-consuming and time-wasting. Indeed, he relearnt the relevance of the old dictum "Administrators should be on tap and not on top".

Following his retirement he enjoyed a quiet life but kept himself up to date with pharmaceutical developments. He remained a frequent visitor to the Maudsley Hospital, where he could be found in conversation with former colleagues in the hospital canteen.

He is survived by his wife Jean, two daughters and two grandchildren.



Royal Pharmaceutical Society of Great Britain

London headquarters
Switchboard 020 7735 9141; direct dialling, see 'Medicines, ethics and practice'; fax 020 7735 7629; e-mail enquiries@rpsgb.org; website www.rpsgb.org

Scottish Department
Headquarters of the Society in Scotland (including library and information service) 0131 556 4386 (see also 'MEP' guide); fax 0131 558 8850; e-mail info@rpsis.com

Welsh Executive
Headquarters of the Society's Welsh Executive 029 2041 2800; fax 029 2041 2810; e-mail wales@rpsgb.org

Information centre
Book loans and information Library (loans, photocopies) 020 7572 2300; e-mail library@rpsgb.org Technical information, 020 7572 2302; fax 020 7572 2499; e-mail techinfo@rpsgb.org

Pharmacists' advisory service
Information on legal and ethical matters relating to pharmacy practice, 020 7572 2308; fax 020 7572 2510, e-mail ftp@rpsgb.org

Pharmaceutics information
Information, advice and problem-solving in pharmaceutics 020 7572 2302; fax 020 7572 2499; e-mail pharmaceutics@rpsgb.org

Benevolent fund
Financial help for pharmacists and their dependants and information about convalescence 01327 264739 or 01323 890135

Pharmacists' health support programme
Confidential help and support for pharmacists who experience problems with alcohol and other drugs of addiction 01327 264531

Listening friends scheme
Help from pharmacists trained in dealing with stress 020 7572 2442

Pharmaceutical press
Purchase of books and subscriptions to journals 01767 604971; fax 01767 601640; custserv@turpin-distribution.com; website www.pharmpress.com

DIARY

Headquarters meetings

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

Thursday 4 April

Reciprocity, 10am.
Education Committee, 10am.

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)

Wednesday 3 May

Bath "The current management of asthma" by Huw Thomas. (consultant respiratory physician, respiratory department, Southmead Hospital). Room 6w1.2, University of Bath. 7.30 to 8pm.

Clwyd "Diabetes: a therapeutic update". Talardy Hotel, The Roe, St Asaph. Buffet 7pm, meeting 7.30pm.

Sunderland "Industrial lung disease" by a clinician in respiratory medicine. Sunderland Marriott Hotel, Seaburn, Sunderland. Food and refreshments 7pm, meeting 7.30pm.

Thursday 4 May

Huddersfield "Assisted dying" by Charlotte Clare (Kirkwood Hospice). Lecture Theatre, Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield. 7.30pm for 8pm.

Monday 8 May

Slough "Developments in diabetes" by David Dove (Wexham Park Hospital). John Lister Postgraduate Centre, Wexham Park Hospital. Buffet 7.15pm, meeting 8pm.

PERSONAL

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

Births

Burgess Richard and Amanda (née Cockram) (ex-Cardiff 1994-97) are pleased to announce the birth of their son Elliot Samuel Harvey, born 13 March 2006.