

# THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

## Transcript of the Public session of the Council meeting held on 5 June 2007

[NB: Decisions in square brackets and narrow type are taken from the unconfirmed minutes of Council and therefore are subject to amendment].

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### Present:

President	Mr H Patel
Vice-President	Mr G Alexander
Treasurer	Mr J Jolley
Mr S Acres	Miss S Agha
Mr M Astbury	Mrs C Brown
Mr J Buisson	Mr D Carter
Mr S Churton	Dr B Curwain
Professor S Denyer	Mrs D Drury
Dr P Entwistle	Mr J Gentle
Mr A Gush	Mr J Hanlon
Mrs S Hikins	Mrs L Jacobs
Mr Jobling	Mr A Kershaw
Mrs S Kilby	Professor B Michell
Mrs L Morgan	Mr G Phillips
Ms J Ramsey	Ms M Saunders
Mr D Simpson	Mr D Thomson

**In attendance:** Mr Paul Bennett, Chairman, English Pharmacy Board, Mr Peter Jones, Chairman, Welsh Pharmacy Board, Dr Rose Marie Parr, Chairman, Scottish Pharmacy Board

## Public Business

### 1. Apologies for absence

**The President, Mr Hemant Patel:** Good afternoon, Council. First of all, apologies for absence.

**Secretary & Registrar, Miss Ann Lewis:** There are none.

### 2. Declaration of interest

**The President:** Can I ask Council to declare relevant interests at the beginning of the item in question?

### 3. Welcome to guests

We are in public session and I would like to take this opportunity to welcome Brian Midcalf from Leeds Branch, Paul McGorry from Yorkshire Region and Marilyn Davies, Secretary of Morgannwg Branch. I also see Frank Owens, Vice-Chairman of the Scottish Board has stepped in. I would also like to take the opportunity to welcome the new Council members, Stephen Acres, Cathryn Brown, Steve Churton, Sue Kilby, Jane Ramsey and also welcome back Gerald Alexander, John Gentle, John Jolley, Alan Kershaw and Lorna Jacobs.

Items 5 and 6, election of officers and election of additional members, will be taken first thing tomorrow morning.

**7. Standing Orders of the Council**

There are no changes in the standing orders, but I will ask the Secretary and Registrar to introduce them. They are attached as C/48 in your agenda papers.

**Secretary & Registrar:** President, I do not think there is great deal to do other than just to give background, that the Council's meetings are regulated in accordance with section 8 of the Byelaws and standing orders are made under those. It is important for us to adopt the standing orders each year. There have not been any amendments since they were adopted last year, so we ask you to adopt the standing orders as circulated.

[Council adopted the Standing Orders of Council, as set out in the Byelaws, Section VII.]

**8. Minutes of the public business part of the Council Meeting held on 27<sup>th</sup> and 28<sup>th</sup> March, 20<sup>th</sup> April and 16<sup>th</sup> May 2007**

**Secretary & Registrar:** We have had no comments on the minutes.

**Mr Graham Phillips:** On accuracy, I wanted to raise a matter arising.

**The President:** You did not notify us in advance.

**Secretary & Registrar:** Can I remind Council that the reason we ask for this is that we can have the answer to any question raised. I am sure that the President will exercise his discretion in this case.

**Mr Graham Phillips:** It is not something that is going to require a detailed and technical answer. It is around consideration of cases -----

**The President:** Which sets of minutes?

**Mr Graham Phillips:** 6/13. I am considering in the criteria under which non-referral to the Infringements Committee should be made. I am going to pretty much repeat the concerns I raised about the criteria when this came up in open business at the last Council meeting. I would like to highlight two letters to the Journal since, one from Joy Wingfield in which she makes the point about one-off dispensing errors. She says:

*"I do question, however, the objective basis for the final criterion for referral: Relevant history within the previous three years."*

Phillip Walton goes on in the second letter a week later to say essentially the idea that a pharmacist will go three years with without making a dispensing error is laughable. The basis of this was that we wanted to have a no-blame culture, so there is open reporting and there is a huge public benefit in people feeling confident, acknowledging, recording, reporting and sharing errors. I think these criteria -- those two criteria in particular -- work against that, first of all, in terms of previous history. Whether something is reported -- within my own pharmacies we serve very different populations, some of whom will take a very kind view of a dispensing error as a human error, and some of whom at the first opportunity will take litigation. So we are dependent upon the nature of the population we serve. It will also be dependent upon the number of prescriptions that you dispense. So we have set up some criteria here which are clearly at odds with the intention. I ask that those criteria be reconsidered. I am not asking for a long debate, but I do want to raise in public business my concerns, particularly as it has been echoed by some senior pharmacists in the Journal. I do not want to let that opportunity go past, particularly as I raised it at last meeting.

**Ms Mandie Lavin, Director of Fitness to Practise & Legal Affairs:** The points being made are well made. I think when the matter was discussed at the previous meeting I was the first to acknowledge that we have work to do on the criteria. We need to audit the outcomes of the cases that are dealt with in this way.

I am very happy to take it away. We have been getting evidence of cases together for that review. I think the letters in the Journal have been extremely helpful and I think it is a matter for debate in the

profession. Certainly CHRE has taken a very keen interest in the stance that the Council has taken in trying to pursue the issue of decriminalisation of dispensing errors.

There is more work to do -- and I am the first person to say so -- but it is a starting point and the Council has taken a very brave step in setting a criteria.

**The President:** Graham, you have a promise to take the matter away. I do not want a long debate on this particular issue. If you have additional points, can you feed them in so they can be picked up?

**Secretary & Registrar:** Can we be clear, because I think we did agree these criteria. I think what we are agreeing now is that we will keep them under review. We need to be clear about that, because we are not going completely back to the drawing board, otherwise we would disadvantage many, many pharmacists.

#### **9. Matters arising from the public business part of the minutes of the Council meeting held on 27<sup>th</sup> and 28<sup>th</sup> March, 20<sup>th</sup> April and 16<sup>th</sup> May 2007**

**The President:** Item 9 is matters arising and we have just covered that. Are there any other matters?

**Secretary & Registrar:** President, can we ask Council to agree both sets of minutes? **(Agreed)**

#### **10. Secretary and Registrar's Report**

**The President:** We have a number of items. Item (a).

##### **(a) Report of the working party on professional regulation and leadership in pharmacy**

**Secretary & Registrar:** The report of the Working Party on Professional Regulation and Leadership in Pharmacy has been circulated. The Council is aware that Lord Carter's Working Party report was published on 15<sup>th</sup> May, together with an executive summary of NERA's economic evaluation and also the report of the Department of Health's seminar which was held at the King's Fund. The President has indicated that the Society is already working with others to develop a professional leadership body and has stated that the formation of this body should be led by the profession. We need to reiterate the comments that the Society has made. The Society wants to ensure that any new arrangements bring increased benefit to the public and to the profession. Secondly, that any transition is properly managed and resourced and that there is no increased risk. Thirdly, that there are sustainable and long-term funding arrangements in place for both the regulatory and professional leadership functions and that the pharmacy profession key stakeholders are fully informed and consulted. Finally, that there will be strong, transparent governance arrangements for both regulation and the professional leadership body going forward.

The Council did not receive the Working Party's final report in advance of publication, so I know that Council members will wish to give it careful consideration. There will be an opportunity to do this when we discuss it in the context of paper C.64 tomorrow, but there may be some initial comments which people wish to make today. Basically, President, the report is here to be discussed in confidential business, but this item is really for noting at this stage.

**The President:** Any comments from Council members on this particular item?

**Professor Alistair Michell:** Rather than finding the relevant bit, I make the comment while in open business that the way it is written suggests that at the first meeting the terms of reference were clear. I would like it to be made clear that the terms of reference did not finally emerge until either the last or last but one meeting, simply as a matter of historical accuracy.

**The President:** Thank you, Bob. You are correct. The discussions about terms of reference took place from the beginning of the series of meetings and continued until the last meeting. Any other comments?

**Mr John Hanlon:** I think it is important, in the light of Professor Michell's comment, to confirm and minute the fact that we have actually raised that point with the Department of Health and it is on record that we have raised it.

**Professor Alistair Michell:** I have now found what I did not find quickly enough:

*“A Working Party was established under the chairmanship of Lord Carter of Coles with the following terms of reference.”*

In ordinary English that says it was established *with* terms of reference; it was not. The terms of reference appeared ad hoc and retrospectively.

**The President:** Are there any other comments? There is one assurance I would like to give to our profession. It is not the Secretary of State or any Minister that is going to determine the future of this body. It is not the President or the Officers who are going to determine the future of this body. It is not the Council that is going to determine it. It is not an AGM or a Branch Reps' meeting that is going to determine the future of this body. It is not a group of 130 or 140 bodies that is going to determine the future of this body. It is the membership that is going to decide on the future of this body, and whatever happens, members should remember that.

**Professor Alistair Michell:** I am sorry to come back one more time, but again I would like to say the following in open business because it is probably not important to what will be discussed tomorrow as the main essence of this report. I have actually written down what I want to say, in case there is any issue about minuting it. Since this report has danced almost entirely to the tune of the Department of Health, it is far from clear how the education, regulation or revalidation of veterinary pharmacists will be engineered in future. This is particularly worrying, in view of the Government's policy to increase this area of pharmacy activity.

**Mr Douglas Simpson:** I know what Keith Ridge meant about being on the cusp of the meeting. I am on the cusp of this meeting, and it is most uncomfortable! I want to ask a question for the record. It says this is the press release put out by the Department of Health:

*“Historic changes to the regulation of the pharmacy profession announced earlier this year have been endorsed by an independent working party.”*

I wondered if we could put something on the record as to what was actually meant. I wondered if you would enlarge on the word “endorsed” by an independent working party. We had Council members and the President as nominees on this Working Party. We are quite conscious about them being nominees and I wondered if we could put something on the record about how we feel about the word “endorsed” being used in the Department of Health press release.

**The President:** I can clarify the position. We were invited to nominate four people to sit on the Carter Working Party. It was specified that the President and a layperson were part of that group of four and then any two other Council members. So we went and contributed on the basis of that invitation and discussions took place over a number of meetings. Ann, do you want to add anything?

**Secretary & Registrar:** I think all I should add at this stage is that it is a matter for the Department to confirm what they mean by “endorsed”, but we made it clear earlier on that we had received the paper -- we did not get it in advance of its publication. I would just leave that there. Secondly, when we put our press release out we welcomed the publication of the report.

**The President:** When you say *we*, you mean the Council.

**Secretary & Registrar:** I mean the Council on behalf of the Society.

**Mr Alan Kershaw:** I am concerned about the word “endorsed”, but I am more concerned about the word “independent”. Of whom was this Working Party independent?

**The President:** Again, I think Ann's answer: the Department of Health needs to clarify that. It is not for us to clarify. It is not our report. Any other questions?

[Council noted the report.]

**(b) Adoption of the Council Governance Handbook**

**The President:** We go now to the adoption of the Council Governance Handbook. We had some discussion earlier in the committee stage. To present item C.49, which is the Governance Handbook, I would like to invite John Hanlon, Chairman of Governance Committee.

**Mr John Hanlon:** Thank you, President. There have been some changes made to the Governance Handbook, but these have been flagged up and they are in relation to Council decisions made in the previous year. There is a change that has to be made in relation to the chairman of the Resource Management Committee. With that amendment, which will be made, I would simply say that there should not be any surprises in the Handbook and I ask you to adopt the changes.

**The President:** Can I ask the Council to adopt the Governance Handbook? **(Agreed)**

[Council adopted the Council Governance Handbook for 2007/08.]

**(c) Report of the 166<sup>th</sup> Annual General Meeting**

**Secretary & Registrar:** Item (c) is the report of the 160<sup>th</sup> Annual General Meeting. I ask the Council to accept this report.

**The President:** Is that accepted? **(Agreed)**

[Council received the report of the Society's 166th Annual General Meeting, which had been held on Wednesday 16 May 2007.]

**Secretary & Registrar:** Item (d) is on regulations and special resolutions will be taken tomorrow.

**(e) Minutes circulated since the April meeting of Council**

**Secretary & Registrar:** These minutes have been circulated. We have had no comments on them and they are here for Council to receive. Can I point out that the Scottish Pharmacy Board meeting was also circulated and should be appearing there?

**The President:** Thank you, Ann.

[Council received the minutes of the following committees: Science Committee 1 March 2007, Governance Committee 27 April 2007, English Pharmacy Board 13 April 2007, Scottish Pharmacy Board 18 April 2007, Welsh Pharmacy Board 6 April 2007.]

**(f) Resignation of a Council Member.**

**Secretary & Registrar:** President, I wish to report formally the resignation of Colin Ranshaw from the Council. You have a paper before you and perhaps we can note his resignation. You may wish to comment, President.

**The President:** We note paper 51A. I would like to add in public my sincere thanks to Colin Ranshaw for his contribution to Council and his excellent work for the Infringements Committee and as Chairman of the Conference Committee. I invite the Chairman of the Welsh Board to make a comment.

**Mr Peter Jones, Chairman, Welsh Pharmacy Board:** It was with great regret that I and the Board heard of Colin's resignation. As you have heard, he has been a great force in the development of the Welsh Executive and the Welsh Board and he will be missed. I record my thanks and the Board's for the work he has done. However, it has left us now with no Welsh representative on the Council. I have been in contact with the majority of the Board last weekend and we would prefer to replace Colin at the first opportunity, if the Council agrees.

**The President:** Thank you, Peter. We will come back to your second point, but we note your regret and I believe we will all miss Colin's contribution.

**Secretary & Registrar:** Finally, just to say we were all sorry and would wish Colin the very best and a speedy return to full health after his surgery. Can we move on, President, to The Way Forward?

**The President:** Before that, can I add something? Before we go into the discussion on paper 51A, I want to highlight something. Co-option is not a possibility, so let us not waste time discussing co-option. The only way forward is through an election.

**Secretary & Registrar:** President, we now have the election regulations, which are set out in section 2 of paper C.51A. The election regulations provide that casual vacancies should be filled by election. You will note that where the vacancy is for less than a year, then the Council should decide whether or not to hold a by-election. You are therefore asked to note that. We have already noted Colin's resignation and we are now asked to consider if a bi-election be held. You have heard the view of the Welsh Board.

**The President:** My strong recommendation to Council is to hold a bi-election, because I think we are at a very critical point in our history and we must have a full compliment of Council members.

**The Treasurer, Mr John Jolley:** I think it has been a concern that we have to have this by-election, but nevertheless representation needs to be ensured. I have one major concern, however, in that Colin was the only hospital pharmacist member on this Committee (sic) and I think that is a factor which certainly needs to be borne in mind. But I do not see there is anything we can particularly do about this. On that basis, I think we should proceed to have a by-election. I do not know whether it is technically possible in having a by-election that we have it for a three-year term rather than a 12-month term.

**The President:** No.

**The Treasurer:** That being the case, I think we should proceed with a by-election.

**Mr Martin Astbury:** Whereas Colin may have been the only hospital pharmacist working presently, I am aware of at least two members of Council who have worked at least in a hospital environment for a large part of their career.

**The President:** Thank you, Martin. I think the point the Treasurer made is a good one. We need a broad balance on the Council. We will hope that the electorate in Wales would bear in mind the comments made by the Treasurer.

**Professor Alistair Michell:** Since the issue of the lack of representation of hospital pharmacists has come into this strand, from a public interest point of view I do not think there is any reassurance to be drawn from the fact that there are people on this Council who used to work in hospitals. The point of having someone who currently works in a hospital is to advise us of ground breaking future developments; not how things used to be done.

**Secretary & Registrar:** I think we should now address the way forward. You will note under the casual vacancies and resulting bi-election, point 5, the vacancy will be filled for the remainder of the full term of the Council member who has resigned.

**The President:** Which is May of 2008.

**Secretary & Registrar:** For clarification and just to make it clear, the by-election will be conducted in a similar manner to a general election with the same procedures, but it will be for a reserved place for the national constituency of Wales and will be elected by a ballot of pharmacists whose addresses in the register are relevant to that national constituency. This is set out in your papers under item 3. They need to be living or working, wholly or mainly, in the constituency.

**The President:** Council, do I have your support for a by-election to be held as soon as possible?  
**(Agreed)**

[Council **agreed** that a By-election be held as soon as possible.]

**11. Referrals from the Education Committee**

**The President:** There two sub-items under this item. Can I invite Graham Phillips to introduce them?

**(a) A quality management feasibility study for the Pre-registration Scheme**

**Mr Graham Phillips:** Thank you, President. I am quite sad about pharmacy education, but it is actually very hard for me to contain my excitement about an opportunity like this. I do believe that obviously we are in the throws of a root and branch review of pharmacy education, but I do think this is a fantastic opportunity to move the debate on and learn a great deal. I very much hope Council will support it.

By way of background, one of the obligations under section 60 is a quality assurance scheme for the prereg year in a way we are not currently able to do. We also need to be aware that PCTs and strategic health authorities are taking some interest in this and therefore we need to consider possible approaches.

Three obvious approaches come to mind. One is a centralised scheme run entirely by the Society, who would have the advantage of centralised control and the disadvantages of that in terms of cost and local engagement. The other option would be the other extreme of a scheme run entirely by PCTs and strategic health authorities. That would distance us in a way that I certainly would not want to see. I am not convinced it would meet our section 60 obligations. This is going to sound very New Labour, but there is a third way which is a quality managed scheme running from an existing structure, such as a deanery with Society oversight, which is the option presented to us here. It controls costs. It meets the Society's obligations as well. I do not see the disadvantage.

Why a deanery? Well, a deanery is an existing infrastructure already in place delivering QM and QA in education, certainly for medical professions, we are well aware. The reason the West Midlands Deanery was picked was that there was enthusiasm and desire to be involved; they are keen to work with us. There is already existing pharmacy input. They have a proven track record in training doctors and the skills and knowledge of prereg training across the region is already developed and in place. So they are well placed, if you like, to partner with us on this.

In terms of the structure there will be a pharmacy lead, which I think is very important to us, to oversee hospital and community sectors, because there are some key differences and the education provided. So in terms of the tasks to be considered, quality management of the prereg scheme. We want to ensure quality education and training. We want to ensure the quality of the tutors, because the two things are intrinsically linked, and also ensure the quality of premises -- things that we are not currently able to do, which is why I am so excited about it.

The "how" of it. We can adopt many of the Society's existing proven QA standards and management processes, so we are not reinventing wheels here; we are using existing structures to the best of our ability, but with a new vision.

Then we come to money. Training funding in England and Wales in particular is very complex and I see no change to that. But there are funds within existing resources to fund the study. It is a relatively small sum. We were talking earlier on of £40,000, but it is a trial.

In terms of next steps, we would like to set up the steering group with representation from the Society and from the Deanery, local employers and local universities. I think it is key that we work with existing structures, but existing pharmacy structures. It is very important that we use the existing schools of pharmacy as core to this. The plan is to commence the pilot in January 2008 and to set up a steering group in June 2007. I am not going to go into greater detail than that, as there is detail in the paper. I am happy to take questions and the education team are here to answer questions I do not have the technical knowledge to answer.

**The President:** Like you, Graham, I am excited about the paper. When people say "where is the leadership?" well, read the paper! The paper was produced by Damian Day and Nicola Tyers who are at the back. Before the questions are taken I want to thank you for the work that you have done.

**Dr Rose Marie Parr, Chairman, Scottish Pharmacy Board:** I would like to say I absolutely welcome this paper. I may not be quite so excited as Graham, but I am excited as well. I think I would look forward to the outcome of the pilot. I think it would be really helpful for other areas as well. Just to let Council members know, and they may be aware, within Scotland there are also major changes afoot within preregistration training, and I think working in parallel with major changes in Scotland can feed in and I think add to the evaluation and issues around it. That is that government has decided to move all the training grants from hospital and community and put them into one pot for NHS education for Scotland and move all those 160 placements, very similar to medical and dental training.

We are also presently as NHS Education for Scotland, with another hat on, sitting within that deanery model. So it includes doctors, nurses, AHPs and psychologists. A very similar theme I think is working through there. I would definitely welcome this and it would be really helpful to see the outcomes.

If I can give any word of warning, I think it is to say that the agreement of stakeholders is really key and vital, and bringing them with you (that includes trainees as well as employers and others) I think is very important.

I have three questions. I know Damian and Nicola well and their scheme. I think I only had one issue on where does PMedB lie in this, within our evaluation and whether they have a role or not. I was wondering about the evaluation method and how that would be taking place in relation to the Society.

**Dr Nicola Tyers, Preregistration Manager:** Thank you. I am well aware of the Scottish system which is what we are trying to do in England. With regard to the evaluation, we are hoping to include the universities in the evaluation and do it in a transparent way that will be reported back to yourselves, but hopefully will also be reported further also.

**Mr Alan Kershaw:** I suspect this initiative is long overdue and it is one where we might give a very good example to other healthcare professions who are not doing so well on this front. So I am glad it is happening and I am happy to endorse it. On a point of detail, the suggestion is that this scheme will provide a good opportunity for inter-professional learning and that is great, so far as I am concerned. I would actually add a topic of ethics to the bullets there, because ethical codes are extremely similar across the professions, despite appearances. Those of us who visit pharmacy schools for accreditation I think will be likely to say that the response of pharmacy schools to ideas of inter-professional learning is limited, patchy -- even some venerable ones. I wonder if we could say whether West Midlands, or anyone else involved in this, have a robust approach to this issue or whether they are paying lip service to it.

**Dr Nicola Tyers:** We have seen evidence of this. They actually have contracts within their area with all the SHAs and medical trusts and mental health trusts and they bring people from other professions in to their IPL teaching, so they are doing this already with the medics. Although they had those contracts, at the moment they are teaching doctors and dentists, in an inter-professional way, but they have got other healthcare professions within their Deanery at this present time.

**Mr Alan Kershaw:** Could I be clear that they understand the difference between joint teaching and inter-professional learning?

**Dr Nicola Tyers:** They absolutely do. We have seen evidence of it.

**Mr John Jolley:** I think this paper is to be welcomed and I must in fact compliment the authors on a very well put case, which I totally support. I would also like to request that this opportunity be taken to review the case for the preregistration training for industrial pharmacists. This has long remained an anomaly, whereby industrial pharmacists wishing to seek membership of the Society can only carry out this preregistration training either through community or hospital practice. This has resulted in a significant reduction in numbers of pharmacists, qualified pharmacists, who will otherwise be eligible to join the Society not being able to do so for the simple reason that they cannot get the necessary secondment to hospital or a retail practice.

So I urge, if we are looking at the whole system of prereg training, can we please look at a way in which appropriate prereg training might be devised for industrial pharmacy?

**Dr Nicola Tyers:** If I may respond. Obviously that is a side issue to the Deanery issue. I have included industrial pharmacists on the steering group, the potential steering group. With respect to growing the area of industrial pharmacists, actually this is a growing area. I have secured another six placements this year, and this is an area that needs facilitating in helping to build it up again and I am currently doing that.

**Mrs Sue Kilby:** Likewise, I was going to highlight the fact that there was no mention of industrial pharmacy in here and the importance of ensuring that if this is a pilot, in West Midlands there are no industrial pharmacists in that area. But please when you are considering it, consider actually ensuring that the prereg tutors within industry are also part of this scheme in other areas.

The other factor is for looking from a hospital. Whilst I take Bob's comment; yes, it would be better to have somebody from secondary care. Can I assure him that I worked in secondary care for a long period of time in my career and I still talk to people in secondary care, so I am still aware of a lot of the issues. I have made a particular effort to go and visit people so they will come back and inform me as to what was actually happening. So far as the training and education side -- and you do get people appointed for managing that on a strategic health authority basis -- they are in favour and support of moving more towards professional training rather than being looked at in isolation. So I would think that the Deanery approach would be more acceptable to them.

**Professor Stephen Denyer:** I was in attendance at Education Committee when this was discussed and undoubtedly we have a need to better monitor the preregistration process and I commend this for that reason. I remind everyone that this is a pilot and we are undergoing an education review, but we are undergoing a complete review of structure [inaudible] and of the subsequent nature of the profession.

I would like to say it is conceivable that an organisation akin to a Royal College may wish to take on the responsibility for the accrediting and managing of a preregistration programme. It is also conceivable that an education review might bring us an integrated preregistration programme into a five year degree. Under those circumstances, it may be that the deanery model is not necessarily that which is either suited in its entirety to the UK, or to parts of it. So I do welcome this, but I think part of the analysis of the pilot and its benefits has to be taken in the context of looking at what the near future might bring to us. Thank you.

**Dr Nicola Tyers:** We do recognise that things might change in different countries and in a parallel, maybe disparate, way at the moment. Obviously funding is key to some of these changes. We do acknowledge that things are changing with regard to education and training. We would support your view that this is a pilot at this stage and we really need to learn from the best of what has already occurred in medical training. So the Deanery will provide us with some answers, but we do need to learn and progress.

**Mr Martin Astbury:** Just to confirm there was mention at the start that the pilot was hoped for in January 2008. I wanted to confirm that it would actually be based on a prereg year; that it would be a full year, so the actual start of the preregers would be July 2008. You would actually go in as a half.

**Mr Ray Jobling:** I wanted to echo what Alan Kershaw was saying about the importance of inter-professional learning. It is an important key part of what is before us. I hope we will take the lead and take the credit for taking the lead. It is important to see that it is in our document in this way and that it is part of our pilot.

Can I pick up the point Rose Marie made on Scotland? She mentioned a range of professions which extended beyond the medical professions. She mentioned psychologists, for example. The future of health care is full of co-operating and teamwork going forward in changing circumstances. I think it is extremely important that those who are undergoing training at this stage at this time really are prepared for the future just around corner. I think it is an excellent scheme and represents a massive value for the sum of money that is mentioned here (if it is only going to cost that sum of money).

**Mr David Thomson:** I am aware this is the first meeting we have had since the national elections, so I bring greetings to you from a body akin to an independent free state following the elections!

**(Laughter)** On a more serious note, as Chair of the Benevolent Fund, we have had reports that Listening Friends are getting an increasing number of calls from preregistration students seeking advice and help, particularly with issues during the preregistration year. I hope that this opportunity is taken to look at some of these and address the underlying issues.

**The President:** A very important point.

**Secretary & Registrar:** I was a bit worried that Mr Thomson was going to add yet another flag!  
**(Laughter)**

**Mr David Thomson:** This is my personal standard!

**Professor Alistair Michell:** I could have said what I am about to say either about (a) or (b). Ray talked about preparing for a future around the corner. My concern is for a future that is actually here with us, and I do not detect any preparation for it as yet – maybe I have missed it. But it is a plank of Government policy that veterinary surgeons should write veterinary prescriptions for three years so that the public can take them to the scientist in the high street (the pharmacist) and have them dispensed with the additional wisdom that that allows for.

Now, it is true that there is a substantial and competent body of veterinary pharmacists, but it is also true that almost without exception their competence is based upon their activity with horses and farm animals. The prospects of finding a pharmacist with any formal training in companion animal medicine is not significantly different to zero. When you talk about the scientist in the high street, it is precisely the prescription of dog and cat medicines that the Government wishes to foster. I detect nothing in either paper to reassure me that those doing the dispensing will have had any relevant specific training, not now, not in June 2008, not in the foreseeable future.

**Dr Nicola Tyers:** I would like to reply. Obviously this is separate to the deanery paper. Speaking with regard to preregistration training, you have a member on the prereg liaison group and I did request perhaps you seek to develop a week in veterinary pharmacy to further develop prereg trainees in this area and that happened just recently in May. So if you would like to develop that area, we would love to hear from you.

**Professor Alistair Michell:** I do not want you to develop it; the Government wants you to develop it.

**Mr John Gentle:** I would like to ask Nicola the Sid Dajani memorial question, which is: can we use this as an opportunity to perhaps review the nature specifically or maybe even the existence of the prereg exam?

**Dr Nicola Tyers:** I think you mean the registration exam. They do not do an exam to enter the preregistration year. We are having a grass roots approach review of all our education and training and that includes performance standards and exam syllabus and how we decide to assess trainees. This will be done in a separate issue that is not part of the deanery project.

**Mr John Gentle:** I bow to your knowledge, but I think, as Professor Denyer can confirm, I did lots of exams before entering my preregistration year. Just to comment that I think the honour now falls to Cath Brown, being the only Council member who has taken the preregistration -- and Martin.

**Mr Martin Astbury:** I was the first; a guinea pig!

**Mr Graham Phillips:** I have two or three points. Rose Marie raised a very interesting scheme in Scotland. We have awareness of it. The Society is plugged into it. It is a very exciting alternative scheme and in many ways I think there are a lot of similarities. It may be that going forward it is horses for courses, but it may be we have different schemes in different countries, which is fine for me as long as we get the right outcomes. So we are aware of the Scottish scheme. It is being followed with interest and we are plugged into it. In terms of some broader points raised by Alan, Ray and the Treasurer around things like IPL and ethics; yes, all those things are being considered.

That is what the education review is about. I think what we have to be careful of is confusing this, which is limited to one area, with the whole of the education review. It is so with the prereg exam. I have concerns as well. You will just have to trust me that there is a thorough review of all the aspects that you are raising.

In fact, if you look at Carter, these are the kind of things I raised as part of the Carter Working Party and I was very pleased to see within the Carter paper and the subsequent press releases an explicit acknowledgement of structure of pharmacy education. Because if we want the kind education that people round the table want, we need resources to do it; the two things are inseparable. So not only do we need to have a vision of what pharmacy education should be, but we also need to have the resources for it. That will be part and parcel of discussions going forward with the education review. In terms of what David said around the prereg year and Listening Friends, I am aware of those concerns. Without wanting to say too much in public, there is some detailed work going on between the education review and the Listening Friends. I would not want anyone to think this was seen being seen as an issue, or was not being taken seriously. It is a serious issue. It is being taken seriously and collective minds are doing the best they can. But I repeat my first point: some of the things we are looking for require resources we currently do not have. If I could then move to the paper, can I ask for the Council's endorsement? **(Agreed)**

[Council approved the proposal for a quality management feasibility study for the Preregistration Scheme.]

**The President:** Item (b).

**(b) Fit for the Future phase two: revising the education of prospective pharmacists and pharmacy technicians**

**Mr Graham Phillips:** This is paper 53. Again this is for the Fit for the Future, Part 2. It is a multi-part serial. If you remember, Part 1, several months ago on the principles of pharmacy education. The focus of Part 2 is around MPharm and prereg, so it is starting to look at things we were looking at with not quite the right scenario in the previous discussion. We want to look at both MPharm and prereg in a holistic way and get a holistic review of what we require. At this stage, we are separating the talk about the content and delivery from the funding, because first of all we need to know what is it that we want. When we are clear of what we want, we will then go and ask for the funding. The two are inescapable. I suspect that we are going to end up in a similar place to the kind of thing that Professor Denyer was outlining, but we must not pre-empt that. We will need to go through a proper process and see if that is where we arrive. There are several parts to the review: initial scoping work, a round of awareness raising events, initial design, consultation, further redesign and ultimately agreement by Council, followed by a dissemination. So this is not a quick and dirty process; this is a very thorough and proper process in which people will be thoroughly consulted. All the details will be gathered and there will be more than one bite at the cherry.

The drafting group will have representation across prereg providers, tutors, academia and country representation as well. We are not going to leave anyone out. I would like to take the opportunity to say I know there are concerns out there that this is about dumbing down the scientific content of the pharmacy undergraduate course. Please read my lips: I recognise, and everybody in this building, recognises that that it is what pharmaceutical science, and the underpinning knowledge that goes with that, is what makes a pharmacist a pharmacist. There is no desire and no intention to turn us into something else. What I would like to see -- and I think many would like to see -- is the clinical input raised to the same level as the scientific input. Please do not mistake that as an attempt to downsize or dumb-down or do away with the scientific input, which is our core and which is the value we bring. I would like to put that clearly on the record, because I know there are concerns about that. It may well be that it will be different solutions in different countries, and I think we talked about that earlier on. Obviously we will need to bring in the links with pharmacy technician education, which I am sure the lady on my left will remind me of, if I do not say it! Can I assure the technicians that that is not been forgotten either. We did have a thorough discussion of this paper at the Education Committee and I therefore now would like to recommend it to Council.

**The President:** Thank you, Graham. Are there any comments or questions on paper 53?

**Mrs Sylvia Hikins:** I would like to congratulate Damian on this succinct and clearly written paper.

If we look at page 3 under Process, I think we see the real strength of the approach, which is an iterative one. I was very pleased to see the process of awareness raising, asking, receiving responses and coming back and asking again. I just appeal to people representing industry, technicians -- the whole range of stakeholders -- to make sure that they are involved in this invitation to be part of the process. That is very important and I hope that the Council will accept this paper.

**Mrs Sue Kilby:** Just to reiterate the fact that obviously we mention people within this document. There ought to be something in there considering veterinary pharmacy, because it is absolutely essential that when pharmacists come out they have an understanding of veterinary pharmacy and the legislation that applies to it.

**Mrs Lorna Jacobs:** My point is that when it says "all key stakeholders" could we ensure stakeholders includes the public and patients? I know there has been work in that area.

**The President:** That is agreed.

**Professor Alistair Michell:** Thank you, Sue, for putting it back under section B. I think we should be really clear what the issue is. Veterinary pharmacy needs to be a compulsory part of the indicative syllabus for every pharmacist in the land, because we have moved away from saying, "Oh, I don't think I want to do that," because that is not what you can tell your customers when they turn up at six o'clock in the evening waving a veterinary prescription. Nor can you expect them to take it back to the veterinary surgeon and say, "Actually, my pharmacist can't deal with that." It has to be in the indicative core syllabus for every pharmacist. I think in the previous round of discussion, I picked up that it was seen as something that could be handled at prereg training stage. Well, it cannot because it is catch-22. The point of prereg training, as I understand it, is that you go and acquire the practical expertise of someone who is already doing what you aspire to do. There is not anyone doing companion animal pharmacy to go and do prereg with.

**The President:** The point you have made, Bob, is well made because it is not just about veterinary pharmacy. I think the education system needs to ensure that it is NHS-centric, but will also look at other areas where it can make a contribution. I am pretty sure, with a number of points that have been made today, those points will be taken into account and hopefully when we see something in the future, it would include something about veterinary pharmacy.

**Mr Martin Astbury:** I might set off an atom bomb. I am aware that Government wish to progress veterinary pharmacy in the pharmacies, but I am not convinced that that is what pharmacists and/or the general public would necessarily want. I think somewhere we do need to have a proper debate as to what actually the profession believes, because if we start -- we are looking to specialise and go into much more detail in our public health position -- if we are suddenly going to generalise our pharmacies even more, that worries me. I think that somewhere we need a proper debate, and the profession needs to look at whether they think that is something they should be going. As far as a veterinary prescription is concerned, it is debatable as to how many places could legally dispense a veterinary prescription, because most of them could not get the actual supply of a veterinary drug anyway.

**The President:** That is a slightly different problem.

**Professor Stephen Denyer:** The schools of pharmacy are going to value very much the debate that goes to form an indicative syllabus. It is and will be an indicative syllabus. I think it is right to offer reassurance to Council now that areas such as veterinary pharmacy do get covered and they get covered from a scientific perspective. The particular challenge I think we are talking about is a preregistration challenge as much as it is an indicative syllabus content. So we look forward to receiving advised views of what might be useful in indicative syllabus, but we will as schools own that syllabus and seek to develop the profession from our perspective of the syllabus as well.

**The Vice-President, Mr Gerald Alexander:** I would like to support Bob and colleagues in the fact that veterinary pharmacy should be promoted and pharmacists should receive education through the universities. But in the future, I think it was very handy to have a companion resource to one side. As a practising community pharmacist, not having had formal education in veterinary pharmacy, on

many occasions I have had to dispense prescriptions. It is rather difficult actually to go and check the dose of a medicine when one does not have a companion volume to hand. I think the Pharmaceutical Press along with universities should take an interest in this educational area. I think it would be very useful for pharmacists in the future to have a companion volume to help them.

**Mrs Sue Kilby:** I totally agree with you. There are problems about accessing the medicines at times, but the problem is that a lot of pharmacists do not actually realise that, and they are not aware that they should not be dispensing certain products. Unless they have been given the education, they do not realise that they are failing to comply with legislation. That is why it is so important that people are actually informed.

Secondly, I would like to say that the Pharmaceutical Press have produced a couple of publications around veterinary medicines. There is very good one by Steven Kayne and also a Martindale type publication. Those are the sorts of books that should be available for preregisters to be able to access and look up, so they are aware of some of the problems and some of the issues and the fact that they cannot dispense human medicines in many cases and many instances.

**Mr Gerald Alexander:** I thank Sue for that, but without a doubt the preregistration student or preregistration trainee of the future will need those resources. I think the Pharmaceutical Press should think about promoting, and I think that I left that out from my discussion.

**Professor Alistair Michell:** Believe me, the veterinary pharmacy group has shared this concern strongly and has actually communicated it to the Education Committee. I think one of the worse things is that if you have the training for pharmacists and they have the Society's presentation, they come up against something which is really awful in the veterinary world, which is that *Index Veterinarius*, which is the veterinary equivalent of *PubMed*, which you cannot get at, unless you pay good money to get at it. I think that is awful for the veterinary profession, let alone the pharmacy profession.

**The President:** Thanks Bob. Just to remind everybody, we are talking about revising the education of pharmacists and pharmacy technicians. **(Laughter)**

**Mr Graham Phillips:** I am not going to prolong the debate around veterinary medicine, but I will provide members with the assurance this will be absolutely thoroughly and properly debated and will not be swept under the carpet. I understand the frustrations that have gone before. I cannot change those, but you have my personal undertaking that there will be a proper debate about this, in terms of what its place should be in the undergraduate and prereg.

Lorna, in terms of stakeholders and consultation, again if you look at the way the Code of Ethics was reviewed and the principles of pharmacy education, you have my absolute assurance that this will be done in a proper way and that public interest and public input will be key, not least because we recognise there will be no legitimacy in us arguing the future without that endorsement and engagement. I can give you that assurance. In general terms, I am very pleased at the level of interest and debate there has been around this. To some extent, we have got ahead of ourselves, because we are beginning to debate things that will happen within the education review. On the other hand, I am pleased to see that level of interest.

Finally, I do not often get the opportunity to flag up the work of the education division. There is a tremendous amount of work that I think is often unrecognised both here and within the wider profession. I would like to take the opportunity to thank the education division for some very high quality work. It demonstrates both vision and leadership, just exactly the kind of things that we need in a Royal College, so I want to place on record my thanks and I would like the Council to endorse the paper.

**The President:** Is that agreed? **(Agreed)** We will take a ten-minute break and resume. Can I call you back for one item, as Doug has to leave?

[Council accepted the proposal for the second phase of the Society's education reform programme, *Fit for the Future.*]

## 12. Referral from Law and Ethics Committee.

### (a) Standards and guidance documents to support the revised Code of Ethics

**Mr Douglas Simpson:** You have before you seven documents which run alongside the Code of Ethics to do with standards for pharmacists and pharmacy technicians in positions of authority, patient confidentiality, sale and supply of medicines, professional standards and guidance for pharmacist prescribers, advertising of medicines and professional services and internet pharmacy services. As you probably all know, the actual Code of Ethics was presented to the AGM and is due to come in in August. Alongside it we have a more detailed guidance which works alongside the Code of Ethics, which is a more general document concentrating on principles.

Detailed consultation has taken place on all these documents. They were sent out to all interested parties and we have received a lot of comments back.

These were analysed in the office. The general view of the comments that we had back -- I think Lynsey will confirm this -- was very positive. A lot of minor changes have been made as a result of that and endorsed by the Law and Ethics Committee. They are long documents, very detailed and there are probably still little drafting errors. If Council members spot further errors that need drawing to our attention, we would be very pleased to have them, because we want them to be as right and correct as they can be when they come into force on August 1<sup>st</sup>. There may be a slight change to do with self-selection of pharmacy medicines, and that we will know for definite tomorrow. In the meantime, I commend the documents to Council. I know they are long and detailed but they are well worth reading as there is a lot of information in them and hopefully we will get your approval for them.

**The President:** Thank you, Doug.

**Mr Alan Kershaw:** President, you said to come back for a minute, so I do not want to retain you for long. This has had a very good going over in the Law and Ethics Committee in a huge amount of detailed work. It is pretty well all there, so that is fine. Like others, I dare say I have one or two more editorial points which I will hand in behind the scenes. I have a couple of points of substance, particularly on the paper on consent. I wonder if we could take those. I do not want substantive points to come out behind the scenes.

**The President:** We will take the points now.

**Mr Alan Kershaw:** Page 14, 2.6 of the consent documents. I admit this probably slipped past at Law and Ethics. The final sentence: "Patients must not be placed under undue pressure." The word 'undue' suggests that due pressure would be appropriate. Could we do away with the word 'undue'? Page 16. We had picked up in the drafting that this draft slips between the words *capacity, incapacity, competence, capability*, and all these things have different meanings in law. There are one or two more I have marked up and will hand in; particularly the fourth paragraph from the top of page 16. "We must remember that a patient's capacity to provide consent..." Then in the next paragraph: "...depending on whether the patient is considered competent to provide consent." We need to be clear which one we mean. My final point on this document, page 17 and the section on Scotland -- I rather hesitate to mention this, not necessarily understanding the law in Scotland, but it is a point we raised and I am not sure it is clear yet. Where we have got the word 'Scotland' there is a paragraph underneath about consent where a medical practitioner has given an opinion. My question then and now is: how will the pharmacist know that that is the medical practitioner's opinion, rather than what they are being told by someone across the counter? It needs to be cleared up. I think probably the last line there: "If the medical practitioner feels..." *Feels* is a rather vague word and ought to be tidied up. It is rather the point about how is the pharmacist supposed to know and how can they check? I have another small point on confidentiality. Do you want that one now?

**The President:** You have the floor, so make the most of it!

**Mr Alan Kershaw:** Page 30. It is mainly an editorial point, but it might have implications. The footnote on page 30 refers across to a statement, a Law and Ethics Bulletin in the PJ and gives the

date. That is fine in itself, but the person reading the document will not necessarily have kept that edition. I think probably an appendix with that Bulletin in it may be helpful, or a quick summary in the text. It is just a matter of making the document free-standing.

**Mr Douglas Simpson:** There is a website address for the document to be found.

**Mr Alan Kershaw:** I appreciate the point. I think the website is the future for this kind of document, because that is the way you can keep them absolutely up to date. However, if we are publishing a hard copy, the hard copy needs to be just as accessible.

**Mr Douglas Simpson:** We will take your points, look at them carefully and try and straighten them out for you.

**Mr Andrew Gush:** A point of clarification. Page 28/56, section 3, point 3.2. As many of you know, I am an advocate of the proper use of skill mix in the pharmacy and believe that we need always to match skills to task. I read it says here that: "Every prescription is professionally assessed by a pharmacist to determine its suitability of the patient." I certainly would not want to be professionally checking every prescription that came into my pharmacy every time. If I have checked it one month and there is no change to it, I do not see the need to check it the following month. All I want is a point of clarification. Does that mean every time a prescription comes into the pharmacy or the first time I see it?

**Mrs Lynsey Cleland, Head of Professional Ethics:** The requirement to clinically assess every prescription is currently a requirement within the current Code of Ethics and Standards and is something that the Society raised in its response to the consultation on skill mix as something that we felt that the pharmacist should not be delegating to any other members of staff, and that there was a need for a pharmacist to clinically assess a prescription on each occasion, because the fact that a prescription had not changed may in itself be an indication that there was a need to look into the matter further. So that has been the reason behind that policy.

**Mr Andrew Gush:** I certainly advocate that a clinical check should be made of every prescription, but there is differentiation between doing a clinical check and an accuracy check. If there is no change to a prescription and I checked it and did a clinical check last month, why should I do a clinical check again?

**Ms Seema Agha:** Looking at Appendix 2, the issue of consent and reference to the Mental Capacity Act, where adults are without capacity, parts of the Mental Capacity Act have not actually come into force yet.

**The President:** Where are we?

**Ms Seema Agha:** Appendix 2, page 15/56. 4.3, "Adults without capacity." In paragraph 2 that refers to the Mental Capacity Act. Many parts of it have not come into force yet. I think maybe it is important to have a bracket. I think that is a reference to the deputies that can be instructed as third-parties. The other issue is in relation to borderline capacity, because some patients have capacity and some have borderline. What would you do in that sort of situation where there is an issue, because capacity is quite a complex area of medical treatment, or it can be? If there is doubt, where can they go to get advice? Then paragraph 4/6, "Children without capacity". Social services also can hold parental responsibility alongside parents. I think it is important that there is a statutory basis for holding parental responsibility. Paragraph 5.2, the last line, says: "*The court may intervene, but social services may intervene as well where parents refuse to give consent to treatment.*"

I think the issue of acting in emergency is something that is quite complex, because although you can and doctors can intervene when patients' lives are at risk, I think people should -- well, you may think about getting advice, because if things went wrong, then there is personal liability. I know that doctors will ask for Orders from the social services, if children are involved, so that they are safeguarded, or they will go the High Court to get a declaration that the treatment is lawful. They are very complicated situations, but it is important to realise these things are not always straightforward.

**Mr Douglas Simpson:** These are technical things that Seema is introducing from certainly a position of greater knowledge than I have. Is it sensible to ask her to email comments in?

**Ms Seema Agha:** This is an area I practise around, doing consents around children and medical treatment. There are more issues I could flag up for you.

**Mr Douglas Simpson:** Would you like her to do that, Lynsey?

**Mrs Lynsey Cleland:** If I could speak with Seema outwith the meeting.

**The President:** If you have matters of detail, please can you take it up with Lynsey during the break or in the next few days?

**Professor Alistair Michell:** It is not really a matter of detail, but is something Lynsey may remember that I raised in Law and Ethics. It is near the top of page 22/56, just below the bullet points. It says: "Whilst generally-speaking patients will expect that information obtained in the course of your professional practice may be shared with other healthcare professionals..."

The problem I have got is that from the other side of the counter, as the patient and not the pharmacist, there may be information that I am very happy to share in confidence with the known face that I usually see in the pharmacy. What I probably do not realise, unless I am a lay member of the RPS Council, is that pharmacy is unusually dependent on a high proportion of locum pharmacists, and I may be deeply concerned about the idea that the knowledge I shared with the my friendly-faced regular pharmacist could also be shared with a locum.

**Mrs Lynsey Cleland:** We did try to work with the wording slightly to make it clear that you must still ensure that patients are aware of the extent that information could be shared and that they are happy with this. Obviously one of the things would be to make clear that any information held within PMR records could potentially be available to any pharmacist who worked within the pharmacy, but we could look at the wording perhaps to clarify that further.

**Mr Douglas Simpson:** On a general point in response to that, there are certain issues where you would not want the professional to keep things to himself, because it might endanger the patient. We are talking of an expert system here, where we would expect knowledge to be shared in the interest of a patient. I think that is what is reflected in this particular point. Most patients would not say to the person in front of them, "for your ears only; don't tell anyone else." It just would not be a feasible way of operating because of the responsibility to ensure that the patient receives the best treatment.

**Professor Alistair Michell:** I am happy that it is looked at again, because the point I make is that I do not think the public realise the extent to which there is likely to be a locum who may need to have this information shared with them. I think it needs to be clarified.

**The President:** We will take that point away.

**Mr Gerald Alexander:** In relation to the standards for patient consent, at the top of page 13/56, it talks about consent as an on-going process, not a single event. I think Law and Ethics should give further consideration to this issue, in that pharmacists may need to demonstrate via some record-keeping the permission that they actually receive from patients to protect the patient, because it is not going to be a single event. In most community pharmacies community pharmacists keep records relating to collection of prescriptions from their local surgery. The question I raise is: how often should they do that? Some further guidance may be necessary. I think if Law and Ethics can look at that in the future. I do not think it is essential for the present round, but I think some further consideration may need to be given.

**The President:** I see Lynsey agreeing.

**Mr Martin Astbury:** I agree with the new minimalist Code of Ethics, but this guidance that is coming out here is going to give massive reassurance to technicians and pharmacists out there. I think they will really be pleased, especially given the way the old code was, that they will have things in black

and white that will support them. I am mindful of the time limits that we have. We have to get it right, and I totally agree with that, but with the caveats we have seen and discussed there. I hope we are not going to delay things particularly and we are going to get it done and get out there.

**Ms Marcia Saunders:** I am glad Bob raised the point about the paragraph on sharing information. I had difficulty actually reading it and I think it would also be helped perhaps by being broken up into a couple of sentences. My main points were, having worked in social services for a good part of my life, I am used to definitions of ages of who is a child varying. I want to ask the question -- and it may be it is something you can take away and discuss with Seema -- looking at 4.5, "Children under 16. No set age has a capacity". Then turn over to the first complete paragraph on the next page beginning: "Where a competent child under the age of 16 ..." Then go to paragraph 5.2, where it talks about "children under 18." I think there is actually a contradiction or two in there. I am not quite sure. Anyway, it had my head slightly spinning. I suggest that might be looked at.

**The President:** We will take that away.

**Ms Marcia Saunders:** On page 17/56, Good Practice Guidance, the second bullet point -- do we really mean that? When talking about child protection, it is quite a good idea to be fairly precise. Perhaps what you mean is "we have produced guidance on child protection which indicates when you must consider talking with others..." blah, blah, blah. Otherwise it could be left to someone's discretion and it could be misunderstood.

**Mr John Jolley:** A very good set of guidelines and compliments to all those who have put into it. On a point of clarification, what is your interpretation on page 49, item 3.7? That is a point I have often deliberated on myself when doing locums: "not to seek to persuade consumers to obtain medicines that are not needed or quantities substantially in excess of those needed." How does that statement reconcile with some of the promotional offers that are often seen in certain multiple pharmacies -- three for the price of two, and so on?

**Mrs Lynsey Cleland:** It is an area we frequently get questions around. We have tried to expand on the good practice guidance box over the page, and it makes specific reference to "3 for 2" promotions and the need to use professional discretion. For example, a "3 for 2" on a hay fever product in the height of summer may be professionally acceptable. It is something a patient will use. Whereas we would be very concerned if there was a "3 for 2" on a product of potential abuse, such as kaolin and morphine. So we have tried to expand on that. It is obviously difficult to give very defined guidelines because of the range of circumstances.

**Mr John Jolley:** Is this not introducing a potential conflict between the pharmacist and the company who may be putting up this offer? Has there been any approach to the Company Pharmacists Association?

**Mrs Lynsey Cleland:** Again, this is an issue we regularly discuss with the larger multiples and generally most of the large companies will put a discretionary statement on a promotional offer to say it is subject to the decision of the pharmacists.

**Mr John Hanlon:** I am about to make myself probably very unpopular with most members around the table. Most of the issues we have been discussing, if you look at the letter that is sent out every time with the papers to Council, it says: "If you have issues, please contact the lead staff member." What has happened today -- and she has handled it very well -- is that we as a Council collectively have bushwhacked a member of staff with wholly new points. It has been through Law and Ethics, who have done a good job on it. I am not saying that the points raised are not important; I am sure they will be taken on board and it will help to improve the document. But seriously, I would ask other Council members to think about this. Would you like to be put in that position? Would you like to have someone pull rabbits out of hats at meetings to you? I think we as a Council -- we will never get through the business otherwise. We will never get through the business of this Council, if we continue in this way. If there are points we have got, we at least have to give prior knowledge to the members of staff about them. Some of them could be dealt with offline, some of them could be dealt with here at the Council meeting. It is not to try and preclude debate; it is to ensure we get through the business.

Some points of substance had to be raised around the table today, and it is quite proper that they are. Other points, we did not have to take up the Council's time for today. Please think about it. When you get the papers, please think, "Is this a matter I have to raise around the Council table, or is it something I can put to the lead staff member and that he or she will be able to report back to the meeting?" Whatever you raise will not be forgotten; it will be raised and it will perhaps form the introduction from the lead staff member, but it is going to save an awful lot of time if we do things that way.

**The President:** Thank you, John. I will support you in what you have said, because it will make the business flow better. Having said that there is something else that needs to be taken into consideration. We have said that the papers will be with Council members 14 days before the meeting, and it is not always possible to do so. I am quite happy to exercise discretion and support Council members. But I do agree; where possible, if points of detail can be emailed earlier on, or taken offline, I would appreciate that.

**Mrs Sue Kilby:** Just a general point rather than a specific one. It is around the professional standard for advertising of medicines and professional services. I need to flag up that we have got quite a few members who are professional marketeers working in the pharmaceutical industry, and they would be guided by the ABPI code of practice. I am very pleased that you have actually noted that within this document, Lynsey. Secondly, I would like to say how much work Lynsey and Doug must have put in to get to this stage of the documents and that should be formally noted as well.

**The President:** Can I ask Council to support the revised document? Is that agreed?  
**(Agreed)**

[Council agreed the seven documents circulated, subject to the proposed amendments as indicated by Council members.]

**Mr Douglas Simpson:** I understand what John said and he is right, but these are very important documents which are going to guide the profession. It is important we get them as right as we can and they do not come in for criticism when we publish them. Comments are helpful, and if there are more, we would be pleased to see them. We have to get them as right as we can, because our professional credibility depends on it. Can I thank you, Lindsey.

**(After a short break)**

**The President:** I think the break has been useful. As a result of that, a thought has occurred to me. Around Council there are an enormous amount of knowledge and skills. It would be useful if members of Council and others could perhaps jot down their skill sets and interests, because when preparing papers, perhaps one or two people could be involved at an earlier stage to help us. So it is a request and the onus is on you to identify your skill sets and interests. We will try and contact you at an earlier stage.

**Mr Graham Phillips:** New members will not be aware of this, but through the Governance Committee there is a group looking at appraisal. In the near future all that will come forward and there is an intention to do the skills and interest audit that you are asking for. It is a deficit, but it has been recognised.

**The President:** Item 13 will be taken tomorrow. We move to item 14.

#### **14. Branch Representatives Meeting**

The Branch Reps meeting took place on 18<sup>th</sup> May in this hall. This item is here for noting. It is not for discussion or debate. I would like David to explain the process of taking the motions forward.

**Mr David Pruce, Director Practice & Quality Improvement:** As the President said, these motions are for noting. The motions will be sent out to relevant committees, and where a motion is not covered by the work of a committee, directors will be asked to draft responses. It will come back to Council for consideration in October, when Council will agree its responses to the motions.

[Council noted the motions carried, amended and lost at the BRM meeting held on 18 May 2007.]

### **15. Referral from the Science Committee**

**The President:** Can we go to item 15, referral from the Science Committee, to present the paper Museum Access and learning. I invite Stephen Denyer, as Chairman of Science Committee, to introduce the item.

**Professor Stephen Denyer:** You have before you an update, or part of our review of museum access and learning policy. It tries to reflect the current practice and the policy under which it operates and it will be presented by Briony.

**Ms Briony Hudson, Keeper of the Museum Collections:** The Access and Learning Policy was adopted by Council in response to a request from an external body, the Museums Libraries and Archives Council (MLA), which is the national body for my sector, at a time when the museum was not open to the public and there were various limitations on access to the collections and displays. The reason I brought this to Science Committee and before you is that our aims in the museum have not changed at all, but what has changed is the context. The reception displays in the building here have enabled us to provide access to at least part of the museum for anyone to drop in at any time whilst the building is open for the first time since 1842 -- so a large milestone.

That context has changed and secondly, the external context with MLA has changed. There is a new level of national standard that we will be asked to comply with during next year which is called accreditation (previously called registration). Those changes in policies take those two factors into account.

**The President:** Are there any comments or questions on the paper?

**Mr Gerald Alexander:** I think Briony might know what I am going to talk about. I have often mentioned access. Some of our Victorian predecessor Presidents used to be displayed around the building. There was probably agreement from a previous Council that the paintings of some of our Victorian predecessors should be on display in the Council Chamber. As this is a conference suite and Council Chamber, I think it would be fitting if some of those oil paintings from former years were displayed in this area. At the moment, we have a whole series of -- I should not really be commenting on the lighting around the room which is 1970s. I would like to see removal of some of those lights and I would rather see some of our illustrious predecessors displayed for members of the Society.

**The President:** Can that point be taken away and discussed?

**Professor Stephen Denyer:** I think taken away and reflected deeply on for rather a long time! There is nothing wrong with the oil paintings, but I do not think they would fit quite in here.

**Mr Gerald Alexander:** You would be surprised.

**Professor Stephen Denyer:** Well, I would be! **(Laughter)**

**Mr Gerald Alexander:** I think mixing the old and new is useful!

**The President:** Anything additional? What I would like to say about the Museum access and policies is I think it is an excellent paper. We were fortunate to host a meeting of the FIP Executive here and they all commented extremely positively about the work that is being done and they were very, very impressed with the exhibition in the foyer and also here, so thank you very much for doing the work. I know there is a team of volunteers helping you, so send the message back to them.

[Council approved the updated Access and Learning Policy for the Society's Museum.]

### **16. Voluntary Register of Pharmacy Technicians: health declarations**

We have Janet Flint, Head of Support Staff Regulation, to take us through the item.

**Ms Janet Flint, Head of Support Staff Regulation:** We have a situation with the voluntary register

where it is now slightly out of sync with the procedures that we have for pharmacists. The reasons for that are that some of the new registration rules under the Order are in place, but for the technicians (because we are still operating under the voluntary registration protocol) the procedure for health declarations is still the same as it was before; i.e. that applicants have to submit a health declaration which is signed by a medical practitioner. Now we obviously have a slightly inequitable situation in that for pharmacists, or preregistration trainees applying to register, they will now be submitting a self-declaration. The purpose of this paper is to bring the two procedures into line for the period while the technicians register is still voluntary. Once we have a statutory register the procedures will be aligned once again.

**The President:** Thank you, Janet. Are there any questions or comments? If not, can we agree the amendment? **(Agreed)**

[Council agreed the proposed amendment.]

### **17. Pharmacists and Pharmacy Technicians Order 2007 - Administrative determinations: Forms - EEA**

I welcome back Martha to take us through the item.

**Ms Martha Pawluczyk, Head of Overseas Registration:** I referred to this in committee earlier on this afternoon. Council made the Royal Pharmaceutical Society of Great Britain Registration Rules in 2007 at its meeting on 15<sup>th</sup> February. These rules require Council to determine the relevant application forms to be used for applications for registration, amongst other things. On receipt of new advice, it is clear that the European applicants who have non-compliant European qualifications and work experience require a separate and more detailed application for registration form. That is appended in Appendix 1. It includes all the requirements previously approved by Council at its March meeting. Because this category of applicant requires a comparative assessment of all their qualifications and experience, the application form has been extended to require applicants to provide information concerning all their qualifications and all their work experience. Under paragraph 6.3 of the Registration Rules, applicants have to submit, together with their application form, sufficient evidence to satisfy the Registrar that they are appropriately qualified and the applicants will be submitting an academic transcript curriculum, job descriptions and a clinical reference against that job description. That will enable a comparison to be made of all their qualifications and experience against the national requirements for registration.

**Mr Alan Kershaw:** Thank you, President. There are wider issues about the EEA. This is just about the form and I appreciate it follows what has gone before. There were one or two issues that were discussed outside the Council discussion last time and I still do not understand why they have not been picked up. On the second page of the form on 2.2, why does that drift between *UK* in the first line and *Great Britain* in the third? If that distinction could be explained, that would be helpful.

**Mrs Martha Pawluczyk:** I have literally copied the form proved in March, which is what my understanding was...

**Mr Alan Kershaw:** I would be content for it to be taken up outside the meeting. It needs to be tidied up. The other forms are not clear on it and they need to be brought into line as well.

**Mrs Martha Pawluczyk:** I think it is so we ensure we capture registration with PSNI. Then our jurisdiction is Great Britain -- I suppose both would cover that, would they not? I do not know.

**Mr Alan Kershaw:** The first line would cover both.

**Mr Gerald Alexander:** Just looking at the forms, Martha, the quality of monitoring form talks about the Council for Health Care Regulatory Excellence has requested that the Society collects the following information. I think the sentence after which says, "Applicants are not required to provide this information if they do not wish to do so" should be boldfaced. I think it should be made very clear, for anybody who wishes to exempt themselves from this. I think the way it is presented at the moment is not good enough. I think it should say something like: "However, applicants are not required to present this information, should they wish not to do so."

**Ms Marcia Saunders:** I think that would be regrettable. I think what might be better is if there were a sentence saying "the reason for asking this is to ensure equity, access," blah blah blah and explain the purpose of ethnic monitoring, which is actually quite critical in tackling health inequalities and helping people.

**Mrs Sylvia Hikins:** I would suggest that we leave the form as it is. I think it is perfectly adequate. It makes it clear that you do not have to fill it in, if do not want to. I would not want anything that would not encourage people to do so. Like Marcia has said, ethnic monitoring is a very important aspect of our work.

**Secretary & Registrar:** In a way I am backing up Sylvia's point. It has been important that we have had this information, because we are able to confirm or not other aspects. Also, I think this particular section of the form was considered very carefully by our in-house lawyer and the lawyer at the Department and they both advised that this is the way it should be.

**Ms Marcia Saunders:** I am very happy with that. I just suggest at some time we produce an ethnic monitoring form, a small piece of guidance that can be slotted into various documents to explain why we are doing it, because it is a very positive thing to be doing.

**The President:** Are there any other comments? **(None)** In that case, can we approve the paper? **(Agreed)**

[Council approved the form circulated as an appendix to the paper.]

#### **18. Any other business**

**The President:** No any other business has been notified to me.

Items 19 to 22 are for information and are included in the agenda papers. You will note item 19, which deals with members designated as Fellows of the Society by the Panel of Fellows and item 20, Infringements Committee statistics. Phillida Entwistle, the Chairman of the Committee, did notify me that she wanted to speak to this item.

**Secretary & Registrar:** Before we get on to that, can I correct the description in the Panel of Fellows? It should be Kirby-Smith not Kilby-Smith.

#### **19. Members designated as Fellows of the Society by the Panel of Fellows**

[Council noted the members designated as Fellows of the Society as set out in paper 07.06/C/60, which had been circulated.]

#### **20. Infringements Committee: statistics**

**Dr Phillida Entwistle:** Thank you for letting me speak about something that is just for noting. I note that this is the last time you will ever get the paper. Hang on to it; it may be valuable! More seriously, I am concerned that there is no information provided about this transition to the Investigating Committee. The four members of the Infringements Committee who are left standing on Council remain concerned about the way we will find ourselves informed of what is going on. Although they are independent of Council, we retain responsibility for their actions and we retain a liability for any outcomes that may go to any kind of action outside of the Society. If there is a contested decision in public, then we are the responsible body for it. It is very important that we do develop a means by which Council can retain responsibility for the actions of the Investigating Committee.

**Secretary & Registrar:** I have spoken to Elizabeth Filkin, who in turn has spoken to the Chairman and arrangements are being put in place.

**Dr Phillida Entwistle:** Can I ask that we be told what those arrangements are as soon as possible in Council?

**Professor Alistair Michell:** [32 words deleted for legal reasons.]

**The President:** We are in open business, so we will come back to that at another stage, please.

**Mr John Hanlon:** My former Chairman of Infringements has spoken for us, but can the Secretary and Registrar tell us when we will be getting the information back?

**Secretary & Registrar:** I will speak to them and bring it back as soon as possible. I will try to get it before the meeting. Your next formal meeting is October, which is a long way away.

**The President:** I think it would be reasonable that at the next Council meeting in July or earlier that information is shared with you.

**Mr John Gentle:** From what the Secretary and Registrar is saying, it seems she is implying that it is up to the Investigating Committee to decide how they are going to keep us informed.

**Secretary & Registrar:** I am not implying that at all, Mr Gentle. I am implying the fact that we need to develop a proper mechanism, as was developed for the Infringements Committee, for a new committee which has just begun to meet.

**Mr John Gentle:** The Governance Committee looked at a paper and the paper is coming back to Governance again on 17<sup>th</sup> July. There is one issue that I will raise with the Chairman of Governance that I think we need to discuss, and that is what happens to the minutes of the new Committee. Under the old system, the Infringements Committee minutes were never passed around the Council, but there were nine Council members who sat on Infringements Committee, so anything that arose from those minutes, a general learning point for instance that needed referring on, there were nine Council members there.

There are no Council members on the current Investigating Committee, and at the moment no member of Council sees any of those minutes. I think that is a very big gap in our governance procedures.

**Secretary & Registrar:** Can I reiterate that we are in public business at the moment? There will be proper arrangements and I will be prepared to say a little bit more later.

[Council received the updated case statistics for the Infringements Committee, which had been circulated at 07.06/C/61.]

## **21. Council update and progress on strategic objectives**

**The President:** Can I tell you that at the next strategy meeting we will be reviewing these targets and perhaps setting new ones, bearing in mind all the activity emerging as a result of the White Paper. There is a report to note of the Pharmacy 2020 initiative. If Council is agreeable, we can perhaps take one or two items from the confidential part. Are you agreeable? Observers therefore need to leave.

[Council noted the update and progress report, which had been circulated at 07.06/C/62.]

## **22. Pharmacy 2020**

[Council noted the update, which had been circulated at 07.06/C/63.]

The President adjourned the public business of the meeting until the following day.