

# THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

## Transcript of the Public session of the Council meeting held on 2 October 2007

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

*The Transcript of the public meeting of the Council is not the formal record of the meeting. The formal record comprises the papers presented to the meeting and the minutes as subsequently approved. The policy of the RPSGB is actively debated at the meeting. The views expressed in the transcript do not necessarily represent the Society's agreed policy.*

### Present

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

### In attendance

Mr P Jones, Chairman Welsh Pharmacy Board and Dr RM Parr, Chairman, Scottish Pharmacy Board

## PUBLIC BUSINESS

**The President, Mr Hemant Patel:** Good afternoon Council. We are in public business. You have all got a letter reminding you of the strategic focus that we intend to keep. The names and phone numbers of staff supporting other work were sent to you, so let us try and keep our focus please.

I would like to begin by welcoming warmly Jeremy Holmes to his first Council meeting as Chief Executive and Registrar. **(Applause)** Welcome Jeremy.

### 1. Apologies for absence

We have received apologies from Graham Phillips, who is attending the Tory Party Conference on behalf of the Council, and Bob Michell. We have also received apologies from Stephen Denyer for this afternoon.

### 2. Declarations of interest

Declarations of interest should be made at the beginning of each item.

### 3. Welcome to guests

May I send a warm welcome to guests from the branches, Richard Daniszewski, a YPG member, and next to him Professor Bill Dawson, who was a member of Council and who is actively involved in the academia of pharmaceutical sciences. Also Miss Sarah McSorley, who is just about to buy a new pharmacy – good luck with that.

Then Andrea Smith, a member of staff from the Scottish Office. You are all very welcome.

#### **4. Welcome to new Council member**

Also I would like to extend a warm welcome to Margaret Allan, Council member elected in the National Constituency of Wales.

#### **5. Minutes of the public business part of the meetings of Council held 5<sup>th</sup> and 6<sup>th</sup> June 2007 and 26<sup>th</sup> July**

There is an amendment notified to you for public business on 6th June, item 0760, which reads: "*Mr Andrew Gush was duly declared elected to the office of Treasurer of the Royal Pharmaceutical of the Council, year 2006/7.*" It should have been 2007/8.

[Council resolved that the minutes of the public business part of the meetings held on 5 and 6 June and 26 July 2007 be received and agreed as a correct record.]

#### **6. Matters arising from the public business part of the minutes not specifically included in the agenda.**

There are no matters arising.

#### **7. Chief Executive and Registrar's Report**

##### **7(a) Consultation on fee proposals for 2008**

**Chief Executive & Registrar, Mr Jeremy Holmes:** At the meeting on 26<sup>th</sup> July, as Council knows, a proposed fee increase for 2008, in the region of 50 percent, was suggested. Council agreed that the proposed fee increase should be consulted upon and gazetted as appropriate, depending on the specific fee, and that the results of that would be brought back to Council in October this month for agreement.

We are legally obliged to consult on changes to the fees under the Pharmacists and Pharmacy Technicians Order and we launched that consultation on 3 August for 60 days as required. The consultation paper was posted to a number of key stakeholders, published on the website and publicised widely in the pharmacy press. The closing date is tomorrow, 3 October. We have had paper and electronic responses which have been processed, along with letters received in the office and received by *The Pharmaceutical Journal*. In addition, there has been an online e-petition organised by Mark Cheeseman, which we are also analysing. We will be looking at a sample of those comments in the analysis that we provide to Council members.

That analysis is being undertaken independently and a report is going to be considered by Council at the end of October when the final fees for 2008 will be agreed. Fee notices will then be issued at the beginning of November for both technicians and pharmacists, and these notices must be published at least one month before the fees are due (i.e. before 1 December). There is a press statement that is being circulated, if it has not been circulated already, which will be issued today, just to communicate the status of the fee setting process.

**The President:** Thank you, Jeremy. You have described the fee setting process. The consultation is still continuing and, as you say, the discussion on the fees will take place at the end of October when we meet again. Thank you.

[Council noted the report.]

##### **7 (b) Department of Health Working Party on Professional Regulation and Leadership in Pharmacy (PRLOG)**

**Chief Executive & Registrar:** You have in the pack, report 0710/C87. There has been one meeting to date of PRLOG, which was mainly about making the group aware of the issues to be addressed and the background to those issues. The staff provided some very comprehensive briefing papers for that meeting, including the role and history of the Society in relation to regulation and what that means for pharmacists and pharmacy technicians. We also highlighted important factors for a successful transition to the General Pharmaceutical Council, including transitional costs and HR issues. The group's next meeting is 9 November.

The transcript of the public meeting of the Council is not the formal record of the meeting. The formal record comprises the papers presented to the meeting and the minutes are subsequently approved. The policy of the RPSGB is actively debated at the meeting. The views expressed in the transcript do not necessarily represent the Society's agreed policy.

In between that first meeting and now, I have also met with Ken Jarrold, who chairs PRLOG, and with Keith Ridge, the Chief Pharmacist for England. I will be attending PRLOG with The President with the aim of ensuring improved public protection and stronger professional leadership for the future. We are also making the case that there must be sustainable funding arrangements for the long-term, and there should be no greater risk to patients or to the profession.

Christine Gray, as you know, and Elaine Mulingani are the lead staff on PRLOG. So if you have any issues or questions, please communicate direct with them.

Bernard Kelly is the lead director for PRLOG. I am also very happy to respond to queries people have, if they want to call me directly.

[Council noted the report.]

### **7(c) Minutes circulated since the June meeting of Council**

**The President:** We have Education Committee, Governance Committee, Law and Ethics Committee, English Pharmacy Board, Scottish Pharmacy Board and the Welsh Pharmacy Board minutes. There are no matters arising reported.

[Council received the minutes.]

## **8. Referrals from the Governance Committee**

### **8(a) From Byelaws to Regulations - Batch 2**

There are a number of proposals coming from the Governance Committee. I invite John Hanlon, Chairman of Governance Committee, to introduce item 8(a).

**Mr John Hanlon:** Thank you, President. If we take 80 first, the approved draft regulations for gazetting. I have got written here *I am delighted*, so I must be delighted, that after much work, the batch of regulations are now ready for approval for gazetting. I will ask Christine to briefly talk you through the process. If I can just remind Council that we did spend three hours on this batch, so hopefully everyone has talked themselves out. So far as I am aware, no-one has raised any issues as required under the procedure about matters they want to raise in relation to the regulations since they have had the papers.

**Mrs Christine Gray, Head of Corporate Governance:** I had some questions merely for clarification and information, but no points that people have let me know that they want to raise.

**Mr John Hanlon:** Can I take this opportunity to explain the Governance Committee's view on the remainder of the programme for changing the byelaws, or transforming the byelaws with regulations? There is not that much work still to be done, but having had some discussion on this, the Governance Committee took the view that, given the length of time we are talking about to actually get these regulations in place -- we are talking about February 2009 -- we could better spend the time concentrating on the move to the change from the current regulatory and professional development processes to the new ones. So basically, we get staff to concentrate on those things rather than this.

There has been a risk assessment done in this. The view is that we do not consider there is any great danger to the Society in not proceeding with the further regulations. However, the safeguard, if you like, is that if something transpired between now and 2009, there would be a procedure whereby Christine and her people could bring any regulation that was thought necessary before the Council. We thought that was a sensible way of proceeding. If I could hand over to Christine to briefly talk us through the third batch of regulations in the hope that Council will approve them.

**Mrs Christine Gray:** As Mr Hanlon explained, the paper before you forms part of a programme to supersede Charter byelaws with regulations. This deals with what we have called batch two, on which you took policy decisions in August last year, following which a draft was prepared and submitted to the Governance Committee last September. You have, in your papers, some of the points of clarification that the Governance Committee made at that time, and also mention of guidance

that will support these regulations, which will be brought to you hopefully at your December meeting. The draft to the regulations as amended by the Governance Committee was submitted to the Privy Council's advisers in October last year for initial comment. As indicated, this part of the process took a lot longer than usual, due to everything else going on in the Department, Department of Health solicitors and indeed the Society.

We have now received their comments and all the changes have been marked up on the draft you have in Appendix A, which you will find at page 4 of the paper, with comment bubbles to explain the reasoning, where the changes are not simply a matter of drafting style.

You have also got at Appendix B, on page 14, a clean copy of the draft regulations proposed for gazetting.

I am happy to go through each part of Appendix A, if the Council wishes me to; if not, I am happy to take you to the recommendations which are (i) that the regulations as set out in Appendix B be gazetted, and the list of byelaw sections which they are either fully or partially to supersede.

Also that the byelaw section on the Benevolent Funds be included in list of byelaw sections for supersession in this batch.

**The President:** Can we agree (i)? **(Agreed)** (ii)? **(Agreed)**

**Mrs Christine Gray:** Thank you;

[On the recommendation of the Governance Committee, Council agreed: (i) that work on supersession of the remaining charter byelaws be deferred; (ii) that the draft regulations at Appendix B to the paper, and the list of byelaw sections that they were intended to fully or partially supersede, should be gazetted; and (iii) that Byelaw section XV -- '*Benevolent Funds*' be included in the list of byelaws for supersession in Batch 2.]

### **8(b) Appraisal and development for Council members**

**The President:** Moving to item 7.

**Mr John Hanlon:** This might take a wee bit longer than the last item. People have very strong views on the appraisal and development of Council members and a lot of work has been done on it. I do not want to take up too much time of the Council, because I think the paper you have before you shows the thinking that the Governance Committee put into this. There were strong views even on the Governance Committee.

We felt this was particularly an item where the Council should make the decision, because there are two clear roads the Council could take on this, and they are at (ii) and (iii): "*It is agreed that a pilot of an appraisal process go ahead in line with the Governance Committee working group's proposal*" or "*It is agreed that the appraisal process be deferred so as to allow resources to be concentrated on the transition to a separate regulatory and professional body.*"

I appreciate that there will be very strong views around the table on both sides of this. I think it is a matter where we really do have to take a vote and decide: do we put the resources into going forward with the appraisal, or do we put those resources into proceeding with trying to get the best that we can for the Society and its members from the split of the professional and regulatory functions? That is really all I want to say, President.

**The President:** What were the reasons for deferring the appraisal process?

**Mr John Hanlon:** I think it is to see how the land lies. That is my view of it. I think it is very clear-cut. Deferring may well be a sort of mealy-mouthed word for it. There may well not be time if you defer it any further, because by the time you do get round to looking at this again, you may take the view there are only six or nine months to go of the Society in its present form. You may well be right; deferral is not the right word. I think it a clear choice for the Council. There is a resource implication. Either the Council decides to spend the money on the appraisal process and there will be a staff content time to that, or it decides - really being quite blunt about it - that the Society will not be here

that much longer. Do you really want to put the time and effort into the appraisal process? As I have said, I know there are strong views around the table either way in this.

**The President:** Jeremy, as a newcomer and having assessed the workload and the future ahead, do you want to add any comments to that?

**Chief Executive & Registrar:** Council can probably guess what I am going to say. We have an enormous amount of work to do over the next two to three years. It is the biggest challenge this Society has faced for a generation or more. If we were starting with a new look, new shape organisation, then I would rate appraisal for Council members extremely highly. But we will not be in that position for another two to three years. I think that is the time when we should really devote energy and resource to that, when we have a new shape, a new governance structure and a newly defined role. In the short to medium term, between now and then, we have to husband our resources carefully, particularly in light of the proposed fee increase. I want to make sure that we get maximum possible effectiveness out of those resources, with the goal of realising the separate General Pharmaceutical Council and a professional leadership body. I do not want to prejudice either of those tasks. So my view would be that we should tackle this question at a later date, when we have a new shape organisation.

**Dr Brian Curwain:** I take Jeremy's joint. I was going to put a slightly different position, which is that maybe by doing it now it makes the new organisations more fit for purpose to hit the ground running. That is the only thing I would really like to consider. If, after due consideration, the executive feels that it needs to be deferred, then it could be. But I am very heartened by Jeremy's comments that this is a very important issue and we must deal with it. Personally, I would like to deal with it sooner, but I accept your recommendation on resource implications.

**Mr Jonathan Buisson:** I feel that in the current climate, the members would see this as us spending money on some sort of group hug for the Council, and they would think it a total waste of money. I say we defer it without date.

**The President:** Going back to the agenda, can I ask you to note the update on the work towards an appraisal process for Council members? **(Agreed)** Now we have a choice. If you vote for (ii), then (iii) falls. If you do not vote for (ii) then (iii) stands. Is that understood? All those in favour of (ii) as on your papers please show. **(Vote taken: Lost)**

[Council agreed that the appraisal process be deferred to allow resources to be focussed on the transition programme.]

**Mrs Sue Kilby:** Can I make a comment?

**The President:** The item has been voted.

**Mrs Sue Kilby:** The members are keen to see that we are making efficiency savings, and Jonathon highlighted there is one way of doing it. I wondered if we could get some positive PR out of this by saying obviously this is one of the reasons why we are not doing it at this point in time.

**Ms Marcia Saunders:** President, that kind of point should have been made earlier, so it could have been discussed. I think it is absolutely inappropriate to raise that at this point.

**The President:** I am not taking any further comments. For the rest of the afternoon, if you have comments to make, please make them before the vote is taken. I think it is inappropriate to open the debate after a vote has been taken. Can we go to item (c), John?

### **8(c) Standing orders of Council regarding inadmissibility of a motion relating to a matter already contained in the agenda**

**Mr John Hanlon:** This item arose as a result of members putting a motion in to Council and finding that, for one reason or another, they could not get the motion heard and there was some upset at that. The process that we are proposing I think it is a practical and pragmatic one. Namely, if someone puts a motion in and it forms a substantive item of the agenda, both the motion and the substantive

item will be heard at Council, and it will be up to The President, as Chairman, to decide which one will be taken first. It will depend basically on what the subject matter of the motion is. It is really a tidying up exercise and it has arisen as a result of members being frustrated, putting a motion into Council and finding that, because it was a substantive item, it could not be heard. That is really the crux of this one.

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

**Mr Alan Kershaw:** I am not too troubled by the recommendation, but I do have trouble with the logic of this. I do not understand why, if something is on the agenda anyway, your motion cannot therefore be heard. Because if the motion is on the same subject you will, by definition, be discussing it. It seems to me the more sensible procedural way to deal with it is, if there is a paper on the table with a recommendation on the point, then it be proposed as an amendment to the recommendation.

**Mr John Hanlon:** It would have been helpful if that had been raised earlier, so we could have discussed that with Alan. But that being said, he is absolutely right. There is no reason on earth, even under the current procedure, why that motion could not have been taken. This is the process where, under the Governance Handbook, someone can put in a written motion. It is where someone feels very strongly about an issue -- and we may remember what the issue was. The feeling was that they went to the trouble of putting the motion together and it was not going to be heard. Alan is absolutely right. Even procedurally right now -- and this was discussed at Governance -- that motion could be heard either as an amendment, or basically opposing the substantive item. That motion could have been put on the day.

In a way, it is quite good that we try to encourage this, because it allows members to see motions of some moment earlier, and to have some thinking time before it comes before the Council. In one way, we may want to encourage more of this, but the current procedures I think would have been adequate. This simply clarifies that where someone puts in a motion earlier, that it will not simply be said, "You cannot have it heard, because it is a substantive item on the agenda."

**The President:** Thank you, John. Can I put the recommendation of the Governance Committee to you? We are changing the wording.

All those in favour, please show. **(Vote taken: carried)** Item (iii), Procedure for election of officers and Council members working with the officers.

[Council agreed that Standing Order 10.4 be amended as follows: "10.4 Motions relating to issues which already form a substantive item on the agenda shall be taken at the same time as the substantive item."]

#### **8(d) Procedure for election of Officers and Council members working with the Officers**

**Mr John Hanlon:** Can I first of all refer you to 4(i) of the paper, because I think it is a good starting point. Given that so many people around this table are elected, it exercises the mind when *election* is mentioned. The Committee acknowledged that elections gave rise to strong feelings and that no procedure would necessarily satisfy all points of view. So I suspect that whatever we decide today will not satisfy all points of view. Hopefully it will satisfy the majority. Governance Committee looked at this because we were asked to do so, in the light of the last couple of elections. There were helpful comments put in by members of the Council. Again, all of the comments will not be reflected here, because we discussed them, and we distilled it down to these recommendations, which we think go some way towards meeting the comments that were made by Council members as to how we can effectively do several things.

If I can take you through the recommendations: *"That all potential candidates should have access to contact details for all Council members at an early date after the election of new Council members is announced."* A practical point, but important. So you have those contact details.

*"That opportunities for new Council members to meet with other Council members before the June Council meeting would be facilitated."* This is particularly to assist new members of Council elected, who may not know everyone around the table, to give them an opportunity, when they have been elected, to meet the other Council members.

There is quite a specific proposal in the next bullet point: *“On the evening of Tuesday of the June Council meeting a meet-and-greet session would be held at the Council supper.”* That is the first thing, so you have a chance to meet the people who might be standing for election the next day. We discussed this at length. Potential candidates could -- we are not saying that they had to -- make their candidature known. So if you want to canvas for votes, that is the time to canvas for them. This was discussed at the Governance Committee. If you decide to hold your hand until the next day, you may find that some people say, “Why didn’t you tell us the night before?” So the electorate will make up their own mind about that. So there was some long discussion about that. But we came down on the side of saying that candidates *could* declare their candidature on the night before, but it was not mandatory; it was not *must* declare their candidature. Again, that a potential candidate for any office, other than that of President -- because The President already has to put in a statement of his or her vision for the Society and why he or she should be voted for -- could submit a statement for circulation to all Council members in advance of the June meeting to the Secretariat, so the Secretariat would then send it out. Again, it is a permissive power. It allows candidates to say, “I want to be Treasurer. I want to be Vice-President.” They can put that election statement in beforehand, which would then be circulated to all members. The electorate will make up their minds. If someone stands on the Wednesday morning not having put that election statement out or declared their candidature, some may take an adverse view of that; others may do otherwise. We have tried to make it as permissive as possible, so those candidates who want to declare their hand early could do so and members of the Council could see that. At the same time it would facilitate particularly new members to meet with other members of Council, so they could get the measure of the people who might be standing for the election. It will not please everyone, but I think it goes some way towards some of the comments that were made in relation to the last election and, to a certain extent, the one before.

**Mr Steve Acres:** I was one of the members who put the comments forward. I think John is right. It goes some way to allowing people access to the information required to make a decision. But I think if people do not declare their candidature, for me, as a new member with almost no interface with the Council, I would not have the information available to make a decision. So it still does not improve things for me. There is a second point I would like to raise...

**The President:** In which case you would not vote for the candidate.

**Mr Steve Acres:** But if there were a number of candidates and I did not have information, that would be difficult and I might take the view. The second point, which somebody else made, is that it may be unlikely that a potential candidate would wish to be proposed or seconded by a technician member. I do know that Andrew [Gush, the Treasurer] asked Lesley [Morgan, Pharmacy technician member of Council] to second him in his nomination, so I think that has happened in the past.

**Ms Marcia Saunders:** I think Governance Committee has done a good job on this. I think it is impossible to please everyone. I do agree with Steve on both points.

**Ms Jane Ramsey:** I wanted to agree with Steve, because I was also a new member starting in May and it was very difficult in June to know even whether I should exercise my right to vote, as I knew nothing about the candidates. So I agree with Steve.

**The President:** Council, do you agree with the recommendation put forward by Governance Committee? **(Agreed)**

[Council **agreed** that the activities set out below should underpin the existing election procedure: that all potential candidates should have access to contact details for all Council members at an early date after the election of new Council members was announced; that opportunities for new Council members to meet with other Council members before the June Council meeting would be facilitated; that on the evening of the Tuesday of the June Council meeting a “meet and greet” session would be held at the Council supper, at which potential candidates could, if they wished, make their candidature known; that if a potential candidate for any office other than that of President wished, s/he could submit a statement for circulation to all Council members in advance of the June Council meeting to the Secretariat (to be submitted by a given date).]

### **9. Motions for the Branch Representatives Meeting**

**The President:** This item is to agree the Council responses to the motions. The background information was previously agreed by Council and is not for debate now. The Council members were circulated the draft Council responses for comment on 28th August, with a 5th September deadline. All comments received have been incorporated into the paper before Council. Following agreement by Council today, the responses are sent to all branch secretaries and will be on the agenda for the Branch Reps and Secretaries meeting on 18th October 2007. Can I ask the Council to go to paper C/89? Deborah, do you want to add anything to comments made?

**Ms Deborah Oliver, Interim Director of Public Affairs & Communications:** I think the only comment is that it is important that we do engage with this process to show the members that we are listening to what they are saying, and that we do take the branches seriously. I was pleased to see that there was a response to a question from the BPSA in this. So I do encourage you to read and approve the responses.

**Mr Alan Kershaw:** I have a comment on the first one and to an extent on the second, as the same point may apply. I think a little editing needs to be done here, as it is essentially the same statement as was made earlier on, and it does not reflect the present position. If we are agreeing the actual text, I think some work needs to be done on this. Specifically, looking at the bottom of page 3, the obvious point is that an update "would be given at the Branch Reps Meeting in May 2007," which is already out of date. Quite a lot has happened since this snapshot was taken. This is just the response to the motion in the first place. So if we are publishing this now, then we need to bring it up to date; not least by referring to the independent inquiry, the initiatives The President was discussing earlier with us this morning, and so on.

**The President:** Can I ask Amanda to comment on that, because there is an explanation there.

**Mrs Amanda King, Membership Manager:** This document follows through the BRM and each individual comment was kept with a chronology and answers. The draft response is on page 4 and that has been communicated to the Branch Reps meeting.

**Mr Alan Kershaw:** I am grateful for that, but it still does not give a complete picture of what is going on at the moment. So much more is happening that more needs to be done.

**The President:** We will take your comments on board and to amend the paper accordingly.

**Mr Alan Kershaw:** A similar point on motion (b).

**Mrs Sylvia Hikins:** Likewise, with motion (f). I do absolutely agree about this. It is important to get views from branches and that we get feedback as well as we can. On motion (f), on the second page, page 18, under "other related information," it reads: "For this reason some of the governance issues around 6 are being looked at very careful in this context." I would like that statement to be qualified. Looked at by whom and when? Some sort of idea of who is specifically looking at these issues and time-scales. It just qualifies the whole thing.

**The President:** Are there any other comments on the BRM? If not, can Council agree them for circulation? **(Agreed)**

[Council agreed the responses for circulation to the branches.]

### **10. MHRA Consultation letter MLX337 Personal sale of pseudoephedrine, ephedrine containing medicines by pharmacists**

**The President:** You have a paper, C90 in your bundle of papers. I will ask David, who has been leading the work on this particular item, to give us an update on the work done.

**Mr David Pruce, Director of Practice & Quality Improvement:** Just to update you, all the pharmacy bodies worked together around this MLX and we presented to the Commission on Human

Medicines. The MHRA subsequently put out a press release saying that they intended to restrict the sale of pseudoephedrine and ephedrine containing products to one pack per customer and to introduce smaller pack sizes. They recommended to the pharmacy profession -- by which I think they mean us -- that the sale should be carried out by a pharmacist. We have subsequently met between ourselves and the other pharmacy bodies to discuss this -- unfortunately we did not have time to put this into a paper, because we only met a couple weeks ago -- and we have agreed again to try to maintain a united front and make sure that pharmacists are aware of the potential issues around pseudoephedrine being used as a substrate for crystal meth production.

When we met, we discussed: should pharmacists be the only ones authorised to make sales of pseudoephedrine? What we would like to put to you is the suggestion that professionally we would not, at the moment, expect pharmacists to make sales of pseudoephedrine or ephedrine containing products, and it would have been quite normal for those to be sold by support staff within the pharmacy who are suitably trained. The issue we have to think about is whether we think this is such an important issue that pharmacists only should make the sale, bearing in mind that it will take them away from other clinical work. Sales of these types of products are quite common. With regard to the actual making of crystal meth from pseudoephedrine containing products, we have only had one instance in this country, which was in the Isle of Wight.

The decision you have to make is a balance of whether you think this is sufficiently strong that it warrants the sale only by a pharmacist, or whether you think actually we have sufficient safeguards in place so that support staff, who are adequately trained, can undertake that job. Certainly the discussion we had between pharmacy bodies was that we all agreed that restricting to pharmacists only seemed like overkill and was not warranted. We would, however, expect pharmacists to make all staff aware of pseudoephedrine issues. Both the NPA and the CCA have awareness raising training plans in place which are ready to be rolled out. We have also agreed a series of awareness raising campaigns over the next couple of years, so we are constantly reminding pharmacists of this issue.

The final thing to bear in mind is that the Commission for Human Medicines has set up an expert working group which will be looking at monitoring the situation, so we are likely to get early warning, if in fact we find that over the counter pseudoephedrine products are being used to make crystal meth, but at the moment there is very, very little evidence that this has happened in this country, but the monitoring will allow us to keep a close eye on the situation.

**The President:** Firstly, I think our job is to make sure that the public is protected from harmful effects. I think this initiative, whilst changing the MHRA recommendation, manages to protect the public. At the same time, I think it allows access to the products in a controlled way, or should I say a more controlled way than before. I think it is a test for pharmacy. Can we demonstrate a stricter control over medicines? I note from the paper that failure to take steps to contain the misuse of medicines containing ephedrine and pseudoephedrine for the illicit manufacture of methylamphetamine will result in these products being reclassified from P to POM. I think that would disadvantage the public and the pharmacy profession. So I would like to think that we will take strict measures to enforce the agreement that we have got. I would like to ask Mandie to remind the Council -- we are in public business -- through the press to our members of what the consequences would be if pharmacists are not supporting this change.

**Ms Mandie Lavin, Director of Fitness to Practise & Legal Affairs:** I think, as in every case that comes to the Society, much would hinge on the actual individual circumstances and facts. Clearly pharmacists are in a position of trust and they have duties and responsibilities that they have to discharge. The Code of Ethics and the Society's guidance is clearly at the forefront of their minds in their clinical practice. I think rarely have I seen such a debate so hotly contested. It has been very interesting seeing the division of views. Certainly I think that if a pharmacist could demonstrate they have taken appropriate steps, had worked within the actual guidance and the Code of Ethics itself, I think the Society clearly would have to look at those individual circumstances on their merits.

**The President:** Thank you for that answer. I hope it sends a clear message to pharmacists everywhere.

**Mr Gerald Alexander:** I think Council needs to think what is in the best interest of patients and public

alike. If they were not given access to pseudoephedrine preparations per se, and in two years time the medicines were made POM, we would be back to where we were a few months ago. Although we may not like what the MHRA is saying -- because we think some sort of delegated responsibility might be better -- I think we have to think about patients and the long-term. The disadvantage of the preparation of crystal meth is a great imposition on the profession, and it would cause disadvantage to the public in getting access to these important medicines for symptomatic relief. So although pharmacists might not like to sell those medicines as individuals, and would prefer to ask their staff to do it on their behalf, if we put up a rearguard action at this point saying we should use the protocols that are already in place, it would mean potentially in two years' time the public would be completely disadvantaged. If you read the press release, we have got no choice. The Commission also recommends to the pharmacy profession that the sale should be carried out by a pharmacy. It says, "unless in two years' time", so the threat is there. It is almost a new category of medicine. We have pharmacist-only medicines. We have now got a P plus, which is something they have in Australia, which might be useful for the future for the profession anyway. Perhaps we should be engaging with the DH in future to sort out P plus medicines.

I think our overriding consideration is the patients and the public - that they can at least access these medicines through the intervention of a pharmacist, and we should support that.

**The President:** Introduction of more categories I think in some ways complicates the situation, because certainly it will dilute the value of the P category of medicines. But I think it is something we can do at another time.

**Mr David Thomson:** It is the recognition of the network, the team that are well trained in pharmacies already, empowered to handle these sales very effectively, and heeding the seriousness of the message behind the need to change potentially. But I think we can be reassured that the mechanism is there to protect the public adequately at the moment. In November last year I was in New Zealand and asked for a product containing pseudoephedrine, realising the restrictions that were in place there. I had to wait 20 minutes before the pharmacist handled the sale. In a realistic way in this country we would actually further restrict supply, because people would not wait that length of time to be processed by the pharmacist, if they requested that product.

**Ms Jane Ramsey:** I am speaking as a lay member and not as a pharmacist, so forgive me. This seems to be quite an imposition on the public -- speaking as a member of the public myself -- to have to go through such a restriction like my colleague has just described.

For patient safety, it sounds as though, from what someone said, there has been one example we have heard about in England -- I do not know if that is the whole of British -- on the Isle of Wight. As a member of the public I would question if this is a hammer to crack a nut. I would like to know a little more.

In the MHRA's press release on page 5 of our bundle, it talks about, "This follows public consultation." However the list of people consulted in it do not seem to include, on the face of this document, the public. In particular, the Commission on Human Medicines says that it considered responses to the consultations and proposals from interested parties. I wondered if anybody here knew what, and how many, members of the public and patients, potential patients, had been consulted, as well as experts. Because from a patient and public point of view, at the moment, on the face of it, it looks like a hammer to crack a nut.

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

**Mrs Lorna Jacobs:** Also as a layperson it seems to me, I would be very wary of going down this route and creating the P plus, which seems to be a completely retrograde step, and in the complete opposite direction of everything else that we are doing. However, I would be interested to know if this monitoring that is going on could mean we could say, "Yes, we have cognisance of it. We are making people aware and we will look at the issue again," not merely if someone alerts us, but actually we will look at it again in six months' time, to see what feedback we have had.

**The President:** That was the main reason why I had invited Mandie Lavin to make the comments

she did. Because I think it must be very clearly understood by the profession, that at an individual level and at a collective level, we need to follow the guidelines.

**Mr David Pruce:** Just for clarification, the MHRA consultation was an open public consultation, so anybody could respond. Inevitably, few members of the public do, because often they do not even pick up that it is going on. In our response to the MHRA we made the point that I think a number of people made that it was a sledgehammer to crack a nut.

**Dr Brian Curwain:** It is a sledgehammer to crack a nut, particularly in pharmacies where the staff may actually know the customers better than the locums -- speaking from personal experience of last week supervising some sales of pseudoephedrine. I think the proposal disempowers the team within the pharmacy and adds a further piece of rope to tie the pharmacist in knots. I think we should not do it.

**Mr Steve Acres:** I would like to follow up on Brian's comments. This takes us in the opposite direction to the one we want to go in. We want pharmacists to be clinical, not involved in supply related activity, and this is a supply related activity in my view.

**Mrs Sue Kilby:** Really to support the comments that have gone beforehand, I think I would expect somebody who was appropriately trained as a counter member of staff to inform me, when I was working as a pharmacist in a community pharmacist, if they had concerns about any sales, and that they would follow the SOPs that were in place. So I do not believe we should single pseudoephedrine out. I also want to pick up on the point David raised about the opportunity cost, because if the pharmacist is doing this then they cannot be doing something else. I am sure there are areas where we should be concentrating and focussing. Something that has been raised on numerous occasions by community pharmacists when I have been talking to them is the real problem of undertaking MURs. Do we want them to be interrupted for sales of pseudoephedrine on every occasion? I leave that as a comment.

**Mr John Gentle:** I am not sure Dave can enlighten us more about the Isle of Wight case. I am not sure that the making of crystal meth on the Isle of Wight was caused by pseudoephedrine that was bought from a community pharmacy. It was done, but it was not purchased from a pharmacy. I think we have spent since 1995 now on the construction of SOPs in this country. If you fill that in with the skill mix and the comments on page 4 of this paper, with regard to supervision, the Society agreed that pharmacists should be able to delegate the supervision of the sale and supply of P's and POMs to registered pharmacy technicians. All these things come together and point in a certain direction, and this recommendation from the MHRA is putting a brake on that and sending us the wrong way. It seems to me also it is a very inflexible proposal the MHRA have come up with. A quite village pharmacy, compared to a big supermarket inner city store will have very different working conditions. I think it is up to the pharmacist concerned to decide the working conditions and the sale with the trained and qualified staff that he has on his counter assistants and his technicians to make these decisions. It seems to me that this particular Society should start to trust its members and back the systems that we have put in place over the years, and back our membership and trust our members to do a good job.

**Mrs Lesley Morgan:** Most of the points have been made, but there is one additional one. We have some control over the education and training of support staff. If we take up that cudgel as well and make sure it is a clearly identified issue within those programs, then we have an additional means of monitoring it.

**Mrs Dorothy Drury:** The point I would like to make is why is this different? We have been managing sales of drugs that have the potential to be abused for many, many years: Kaolin and morphine, Co-codamol, laxatives. I do not really see this being any different from any other potential drug of abuse over the counter.

**Mr Martin Astbury, Vice-President:** It is a sledgehammer to crack a nut and at the moment it is borderline farcical, when we have to go out when all the questions have been asked, and we know where we are, with the sales agreed, and we have to go round to bless and put the thing through the till. It is farcical. However, listening to what Gerald said before I am mindful that two months ago we

may have had pseudoephedrine and ephedrine taken away from us altogether. I am mindful that the MHRA may have just decided there were two things on the table; either taking it away altogether, or moving it to a P plus and the pharmacist doing it. If I have the option of the pharmacist does the sale or it disappears altogether, then I would stick with the pharmacist doing the sale. I do not think that helps and it muddies the water even more, but I am mindful of that. I think that is what Gerald was getting at when he spoke before.

**Mr John Jolley:** I would like to reiterate the point that the Vice-President has just made. I think we have to recognise clearly that the MHRA are responding to a global action that is being taken. The problem is principally within the US. We have already heard that restrictions have been introduced into New Zealand. Regardless of how extensive the problem might be within the UK, I think we have to recognise that either we respond favourably to this request, or we will lose the product altogether and it will become a POM medicine. Unfortunately there is no democracy about this. It is a fact that this is what will happen. So I would certainly favour, however inconvenient it may be, that we at least retain responsibility for allowing pharmacists to make sales of pseudoephedrine, thereby keeping it available for members of the public.

**Mr Steve Churton:** I think we ought to be considering here the fact that we ought to be encouraging pharmacists to use their professional judgement and to act in the best interests of patients. We should start to trust pharmacists to make good professional judgements. The comment has been used before that this is a sledgehammer to crack a nut here. We need to be recognising that this can be controlled perfectly adequately through SOPs; qualified persons working on behalf of the pharmacist to SOPs. I think in this case the Code of Ethics makes adequate provision and safeguard for these sales to be carried out without the direct intervention of the pharmacist.

**Ms Marcia Saunders:** I think we have two strands of discussion here, one about what pharmacists should do, what they should be allowed to delegate and the role of technicians. I think it is terribly important that we want to pursue that. The other is the one that John has raised and also Martin and Gerald, which is that the actual decision of the MHRA is that it will switch to POM in July 2009, unless it is contained. Therefore -- I have raised this with David before -- it is going to be terribly important that it is established early on with the MHRA what the monitoring process is going to be, so that it will be possible to demonstrate that it has been contained. At that point, I should say that I do sit on an advisory committee for the MHRA, but it is not related to this, so I do not think I have to declare interests.

**Mrs Dorothy Drury:** I have to agree that if we do not accept this, we are in danger of losing this, so we probably have to agree, although I take all the points on. Unfortunately it is probably a decision made by accountants and other people not as closely related to pharmacy.

**The President:** That is not true. I think the workings of MHRA would ensure that appropriately trained, qualified and experienced people make these decisions.

**Mr Ray Jobling:** I must say I agree with Marcia and the comments she was supporting. They do say in the press release that there will be an expert group to advise on the practical aspects, etcetera. There will be regular monitoring and so on. I think that is really the indication they are giving, that there is some nervousness about doing it in a certain fashion. I think we do know that it is 'not yet', as I understand it, a problem in the UK, although a big problem potentially in the US and Canada and so on. So I think we have to go along with it, for the reasons outlined, but making our comments behind the scenes and going along with the review process and so on.

**Mr Jonathan Buisson:** I too share the concerns expressed by the Vice-President, Mr Jolley and Gerald. The MHRA have put this one pretty firmly back in our court. If something goes a bit pear-shaped after this, they will be saying, "We told you so," and it will not look good for us. I am not sure which way to make a decision on this, but I would suggest that any decision we make is reviewed in six months.

**The President:** Thank you, Jonathan. Before I take a vote, I want to say it is important that the public has good access to quality medicines supplied from good pharmacists with well-trained staff, and there should be proper systems, which are always encouraged by the Society.

However, on odd occasions things do go wrong. We must note what has already been said about the MHRA's position. They were intending to transfer the medicine from P to POM. Instead, a half-way house arrangement has been proposed. Council, you will have to vote the way you want to vote, but I would urge you to bear in mind the concession made by the MHRA to ensure that good access is not compromised by poor quality service. So I am going to put the recommendation to you that the Commission on Human Medicines has proposed that sales of pseudoephedrine and ephedrine containing medicines should be restricted to personal sale by a pharmacist. All those in favour, please show. **(Vote taken: lost)**

**The President:** So the recommendation is lost. Can I ask, would our decision be reviewed in six month's time? **(Agreed)**

**Mr John Hanlon:** Can I ask, so far as that review of the decision, that we get sufficient information as to what the actual situation is at that time, and that we know -- as far as we are aware there has been one instance in the Isle of Wight -- if there are other instances. Can David tell us how we would be aware, if there were any other instances?

**Mr David Puce:** Sorry, I did not catch that.

**Mr John Hanlon:** If we are reviewing it over the next six months, how will we know if there has been any other instance?

**Mr David Puce:** We will be talking to the expert group. I have certainly been invited to the first meeting, and possibly subsequent meetings. So we will have a good feel for what the intelligence is. Part of that expert working group's brief will be to monitor the situation, with production of crystal meth from OTC pseudoephedrine.

**Mr John Gentle:** Before we encounter the risk of repeating urban myth as fact, can we establish whether the crystal meth factory on the Isle of Wight was using pseudoephedrine bought from a community pharmacy?

**Mr David Puce:** I will double check, but my belief is that it did.

**The President:** How do you feel about reissuing the guidance on preparations containing pseudoephedrine and ephedrine? Would you like us to reissue the guidance? **(Agreed)**

**Mr Douglas Simpson:** We have had three conditions put forward: reduce the pack size [inaudible]. If push came to shove and the MHRA said, "We are going to insist on these sales being made by pharmacists, if it is going to stay available for sale," presumably would we accept that, or not?

**The President:** We are in public business, Doug.

**Mr Douglas Simpson:** I am just asking the question.

**The President:** When that arises, we will consider it again. We will have a short break before item 11.

[Council agreed (i) that sales of pseudoephedrine and ephedrine containing medicines should not be restricted to personal sale by a pharmacist; (ii) that the decision be reviewed in six months time, and (iii) that the guidance on sales of OTC medicines should be reissued.]

**(After a short break)**

**11. Recognition of pharmacist prescribers and other advanced and specialist pharmacist practitioners and use of post nominal initials.**

**The President:** You have in your agenda papers C91, and I will invite Peter Wilson to introduce the item.

**Dr Peter Wilson, Head of Postregistration:** Good afternoon everyone. You will be aware that a

*The transcript of the public meeting of the Council is not the formal record of the meeting. The formal record comprises the papers presented to the meeting and the minutes are subsequently approved. The policy of the RPSGB is actively debated at the meeting. The views expressed in the transcript do not necessarily represent the Society's agreed policy.*

pharmacist prescriber is a member of the profession who has successfully completed an accredited education and training programme and has had their entry in the Register of Pharmacists annotated to indicate their prescribing status. Apart from that, there is no public acknowledgement or recognition of the achievement of pharmacist prescribers or their prescribing status. I was asked formally by a number of pharmacist prescribers if they could adopt post nominals to indicate their prescribing status.

In paragraph 1.4 at the top of page 2 I listed some of the reasons which they advanced for having the post nominals made available to them. I thought it probably best, in response to their request, to bring the item to Council, because we have the opportunity to make a decision which would take them towards recognition by their professional body of their achievement and status. We would probably wish to renew that in a couple of years' time, when the whole issue of post nominals and membership of the General Pharmaceutical Council comes under closer scrutiny. But in the meantime, the Council and the Society have the option to decide whether or not to allow pharmacist prescribers to use recognised post nominals in addition to MPharmS.

I have presented Council with three choices. First, to refuse the request. That would carry on with the status quo, but it provides little professional recognition of achievement and status. In the current climate and approach to the role of the Society as a professional body, that might seem a little hard-hearted. We could allow pharmacist prescribers to use informal titles to indicate their prescribing status. I have been strongly advised against that option. It is widely adopted in nursing and the Nursing and Midwifery Council is now struggling to bring the use of titles in nursing under control, particularly for advanced and specialist practice. I would suggest to you that the adoption of additional post nominals in pharmacy should perhaps be restricted to qualifications which have been recognised and registered by the Society. That would not encompass the use of informal titles. Pharmacists use informal titles anyway, like renal pharmacist and so forth, particularly in secondary care, but they are not widely used. We could allow pharmacist prescribers to use a recognised post nominal. I have suggested several alternatives, but I ask you to note the view of pharmacist prescribers that the distinction between supplementary and independent prescriber, while professionally important and important for practice, is, if anything, confusing to the uninitiated, who need to know that a pharmacist can prescribe, but perhaps not the legal constraints that separate a supplementary from an independent prescriber.

I have presented the options. Although I have written four paragraphs on risks in the paper, the main one is that the Society would come under pressure from other special interest groups to allow them to use post nominals to indicate their special interest status: critical care pharmacists, mental health pharmacists, psychiatric pharmacists, production pharmacists, quality control, pharmacists to name but a few.

My recommendation to you is firstly that unless there is an associated annotation to the register, that we should not countenance that at all. If we do move towards the recognition of advanced and specialist practice, which is another part of my portfolio at the Society, we should perhaps consider one single advanced practitioner title to recognise the whole spectrum of specialities, which is the proposal which is out for consultation in New Zealand.

My recommendations to you this afternoon firstly are that you agree or not that pharmacist prescribers may use post nominals to indicate their prescribing status. If you agree that they should, to specify the post nominal from the list in paragraph 3.3. and confirm that you are lukewarm on Uncle Tom Cobbley and all having post nominals just because they fancy it.

**The President:** Thank you, Peter, for your paper and your advice. What I would like to do is kick off with general comments on the paper, then come individually to recommendations (i), (ii) and (iii). Are there any general comments on the paper itself?

**Mrs Sylvia Hikins:** I am quite interested in the process that is described in the paper, because it is described as a consensus that the use of post nominals on name badges and other means of identification will help patients understand. But it looks as if the proposal was to get a response from ten prescribers, of which nine thought there should be the use of post nominals. I am quite surprised. I thought this would be an opportunity for the Society to actually engage with patients to see what they

feel about this. If this proposal is about making it easier and simpler for patients, why not involve some actual users of the service to give their opinions on what this is about? I not against post nominals, but my feeling is consult with users and keep it simple.

**The President:** That amplifies a comment that Alan made in an earlier session about interacting with the public.

**Mr Jonathan Buisson:** I am all in support of post nominals, and I am all in support of them being restricted to certain people where there is an annotation to match on the register. What I caution about is the selection of the letters. Post nominals are a bit like medals, which should clearly indicate which medal you have won. We do not need have two VCs, and the suggestion that RP -- which is in common circulation when talking about the responsible pharmacist -- I think what we need is a list of the potential medals, clearly separated out and able to cope with the VC and bar -- which some people will undoubtedly get -- before we announce which post nominals you can use. So perhaps a little bit more thought on the various possibilities.

**Mrs Lorna Jacobs:** I think Sylvia has said a lot of what I was planning to say, which was to do with patients and the information that patients can get from it. I think, following on from Jonathan's point, if we are to talk about the potential for a plethora of qualifications, we have to try and tease out from a discussion with patients what information they want, what they will understand and what will be of use to them. So it may be that actually for patients, whether somebody is a supplementary prescriber or an independent prescriber may be quite relevant to them, if they understand and if we can communicate the difference. So I think yes, please let us have some patients and public work, and can it be reasonably detailed so that we can ensure we are getting useful information from informed patients and public.

**Dr Brian Curwain:** I would like to thank Peter for the paper and his advice and suggestions. That is helpful. It is clear that a post nominal has been earned here, in the context of a recognised and registered qualification, and we should certainly limit it to that. I think it is partly to help patients and partly for practitioners to feel some reward. I think that is a legitimate aim. There is only one bit of this paper I am not quite so comfortable with, which is paragraph 4.2 on page 3. That is because it is suggesting that everybody who gets any extra bit of something or other should have the same post nominal, which in itself could end up being confusing. We are not too worried to see all sorts of letters after doctors' names. We know they are a surgeon, or whatever it is. So I would not necessarily think that we need to have the same thing, but we do need to have something for these prescribing pharmacists which will describe what they do. A simple P in brackets after their name might be all we need.

**Mr Ray Jobling:** I have consulted a lot of professionals in my time, but I cannot remember when I scrutinised the list of post nominals in the process. I like the paper and I like 4.3, which sets out direction of travel. I think honestly the general public does not trust and does not have confidence in a load of letters after someone's name. It is the sort of thing that goes with bogus practice, at the present time. I think advanced practitioner is fine. I think it would be confusing and unsatisfactory to have a plethora of confusing specialist qualifications. Pharmacists with a special interest in hypnotism or the feet is the wrong way to go. I think the New Zealanders are looking at it. I think if we have a general view, for me, that is the way to go in terms of public interest.

**Mrs Sue Kilby:** Thank you for the paper, Peter. I think this is a very important issue. I think there needs to be some sort of recognition for this group of pharmacists. I think it is very important for patients, but actually it is important for other pharmacists to know who can actually prescribe and who cannot and other healthcare professionals. I am not sure exactly what letters should be used, and that is something Peter and group perhaps should decide on. But the principle as to whether they should have post nominals or not, is something that should be seriously considered by Council.

You have mentioned concerns about having a plethora of other post nominals. There is one group -- and I suspect I am going to be stealing somebody else's thunder but I hope he will come in on this -- it is a different group of pharmacists; not a group who work directly in the NHS -- I say that, but there are pharmacists who work in the NHS who also fall in this category. They are pharmacists working in the industry and pharmacists who are QPs. I am sure John will have comments on this.

This is a totally different sector of the profession and maybe something should be considered around that area for some post nominals as well.

**Mr David Thomson:** We run the risk of confusing qualifications with job titles. I would see the use of post nominals restricted to recognise the qualification to help clarify that qualification for patients, and other practitioners. I certainly would not be in favour of specialist practice being recognised with the use of post nominals. I think we need to be very careful about the use of these, otherwise, as discussions have highlighted, we run the risk of an even more confusing situation, with a raft of misunderstood initials after names that do not mean much.

**Mr John Hanlon:** Just to say that AP in legal practice used to be known as meaning you were an assisted person on legal aid. **(Laughter)** I do not think this is about the public. I think this is about people who have worked hard. I remember the press release, saying this is a historic moment for the profession; these were pharmacists who had managed to get a qualification that allowed them to prescribe and it was historic for the pharmacy profession. There is nothing wrong with people wanting to have some recognition saying that they have done this. Whatever way the Society finds to give them that recognition, I think that is good. If you want it to assist the public -- there are not that many of them and my own view is that I do not think the public know very much about prescribing pharmacists. Perhaps what the Society should be thinking about is promoting this much more among the general public, so if there is something after a name when they see it, they will recognise what it is. I have no difficulty with recognising the effort people have put in, but I do not think the public will recognise it, because they do not know what pharmacist prescribers are.

**Mr John Jolley:** I also feel that this is very much an issue for the individual who has attained this additional qualification rather than for the patient. Nevertheless, I feel that it is often the necessary encouragement that that individual needs to take advanced training in a specialist area. My colleague on my right has certainly highlighted an area where I would favour that, if we were going to do this for the prescribers, then the qualified person who undergoes certainly an equivalent level of training, and needs to obtain the qualification from the Society before being able to practise, should also be recognised. I think there may well be other specialist areas. In principle I totally agree that to encourage people to take up these positions, we should maybe consider some form of award, but I do not agree we should single out prescribers for this. I think it should be applied across the board for all like achievers.

**Mr Alan Kershaw:** From my time with the medical world, I am pretty suspicious about strings of qualifications -- they tend to make me very anxious, the more I see. Doctors would always say, "*Well, it is not really terribly important,*" which rather begs the question why they spend so much time and trouble getting them. However, I think the main function of a regulator is to help good practitioners to improve, from the profession's point of view. From the public point of view, that is obviously a main objective. But also the register is there so people know what they are getting. The register is the first place where you would put the detail, because that is where the employer will go, and other healthcare professionals should go -- should go; they do not always -- if someone wants to check. That is where the detail belongs. I think if you are going to have post nominals -- and I do not object to it in this case -- it should be in a fairly generic way. It should say to the public, or the patient, this is someone who is recognised as being able to go a bit further than the regular pharmacist you have been used to. So far as confining them to their particular areas of competence is concerned, that is what the Code of Ethics is about. So there should not be a difficulty there. Having said that, I do not think any of us purport to speak on behalf of the public -- whatever that means. So I think it would be important, before we go live with this, to engage with some sort of patient opinion. If that is difficult, the pharmacy schools usually have contacts with substantial numbers of patients, expert and inexperienced, who I am sure may be able to help.

**Ms Jane Ramsey:** I was going to echo some of what was said before. Having come from a PCT background, and now being on the board at a teaching hospital, I think the labels of professionals mean different things to different people. I think it depends who we want to direct it at. My experience as a chair of a PCT was that nurse consultants -- of which we had two of the first in the country in primary care -- absolutely loved it, as did their fellow professional nurses, that two of their number were called consultants. But it actually did not mean anything to the public. We did not do any particular surveys. They were very able nurses, but they were nurses.

And the same applies in primary care. A lot of people do not know the difference between a district and a practice nurse, and why should they? They knew what the service they got was. Secondly, as a lawyer (I trained as a barrister) half the population - and why should they - do not know the difference between a solicitor and a barrister. Unless you need a lawyer, that should not be important anyway. What matters is the service provided. I wonder that it would be important -- and I can see that it would be to a pharmacist and to their fellow professionals -- to have the recognition of "*I can do this*," but my feeling, subject to more scientific surveys of members of the public, is that what they will care about is what their pharmacist can do for them. The label is not the most important thing. But I can see that the horse for the other course is that it would be a professional recognition for pharmacists. So perhaps, maybe actually asking pharmacists what label they want would be more beneficial from my perspective than asking the public. That is just a thought.

**The President:** I welcome this paper and I think there are some interesting ideas here. Something else is happening in the profession. I think we are on the threshold of a really exciting future as a clinical profession. I take on board the comments made by John Jolley and others that in the profession there are others who are also moving towards advanced practitioner. The Council will decide what it wants to decide, but I would like to welcome this paper as a starting point for discussion -- not only with the public, but also with the profession. That is because I think there is a broader issue here. How do pharmacists want their achievements to be recognised? I think the different sections would want their achievements recognised in a different way -- maybe not. But I think it would be useful to engage with the profession and the public, and bring back a slightly amended paper later on, so that it takes into account the views of the public and the profession, and possibly other professions alike. I see some nods. Are any members of Council disagreeing here?

**Ms Marcia Saunders:** No, but it might help to rule out option (b), which I think is the woolly one, "everyone choose what they want to be called" and use (c) as the basis. So Council would like to be able to offer and use that as a basis for discussion. But we need to ensure it is a restricted.

**Mr Douglas Simpson:** I agree that pharmacists who get this qualification need to be able to indicate that they have got them, and some sort of post nominal is a good idea. I am not so wedded to the idea of advanced or specialist practitioner. But if you had AP, after your name, and someone said "What kind of advanced practitioner are you?" or "What specialist practitioner are you?" I am all for having post nominals that actually mean something. We have a qualified person; that is a QP. You know it is a qualified person. If you had Advanced Practitioner after his name, you would say, "I'm a qualified person." If you put Advanced Practitioner, it raises another question. QP, or something like registered prescriber, or Reg Pres, or something like that would tell you something, would achieve something and would make the actual post nominal have the prescriptive effect which would be valuable.

**Mr Gerald Alexander:** I think as a Council and as a profession we should be encouraging pharmacists to become prescribers. In order to encourage that activity, individuals who become prescribers would like that official recognition of their status, which is the reason for the post nominals. So I think we have bottomed that out. But it has taken ten years for pharmacists to become prescribers, and that process has been hard fought. We have gone through the process of Council being encouraged to see that, along the road, they might become prescribers, and now they are. We should recognise that and say "*Fantastic!*". There are pharmacists out there who are prescribers and we should be celebrating that achievement. Through the annotation to the register -- and clearly that is what Peter has already pointed out -- those post nominals could be used. I think pharmacists with special interests, advanced practice, might happen in due course. That might be the next stage. If we are thinking about a Royal College, is that not what a Royal College will do? Perhaps it will provide an academic background and support for pharmacists in the future. So we should be celebrating the success that this profession has actually reached by some of our members becoming prescribers. I think the public recognition will follow. I appreciate there could be this difficulty amongst the public -- and I think some lay members here have suggested that we should be selling that idea to the public and consulting. I think we should do that in parallel. As a profession, we should be thinking about supporting those pharmacists who have become prescribers and give them public recognition of that. Whether it needs to be RP or PIP it does not matter; we can think about that. But we should recognise that individuals should be given that support from a professional body and a regulatory body to say: I am a prescriber and proud of it.

**The President:** I think the whole Council will agree with everything you have said. The question is do we go ahead and agree post nominals today, or take stock of opinions in the profession and outside, then come back and have a more mature conversation about it. I think that is the question.

**Mr Brian Curwain:** I think, hearing what I have heard around the table we need to send a very clear message to prescribers to say “*We feel you need some official recognition*”. Secondly, in terms of patient and public involvement, we could quite rapidly ask our external reference group, which we have in place for patient and public involvement, whether they have any views on this. We could do that easily before the next meeting.

**The President:** I think the whole Council would agree that we must, as a Council, encourage more advanced and specialist training in all the different sectors of the profession and that we can support. I do not know whether what you are suggesting is doable within a short period of time, before the next meeting -- it is only 28 days away.

**Mr Brian Curwain:** I was thinking of the next formal Council meeting.

**Mr Martin Astbury:** I totally support the recognition that pharmacists should have and we should go forward with post nominals. Regarding the public, I do not think this is of much benefit to them at all. If you asked most of the public as to whether they knew what MRPharmS meant, I think that more than a percentage would know what that meant. I know myself for the first couple of years I was using MRPS and thought that is what it was! So a pharmacist did not know what it was. There's an admission from the Vice-President! **(Laughter)**

**The President:** We have heard diverse views and I think we need to conclude this item. What I am asking is on (i), does the Council agree pharmacist prescribers may use an appropriate PN to indicate their prescribing status?

**Mr John Jolley:** On a point of order, could I ask: are you proposing to put each one of these recommendations as a direct proposal upon which we vote, or are you proposing that we amend item (iii) to include the more general approach and bring a paper back?

**The President:** I am happy to accept your proposal to amend (iii). Did you have wording for an amendment?

**Mr John Jolley:** Off the top of my head, I would propose an amendment to (iii) and I propose that we vote on this proposal being taken forward and considered, so that the required recognition can be given to those appropriately advanced qualified persons.

**The President:** I think we get the sentiment of what John is saying. Am I correct in that assumption? **(Agreed)** All those in favour of (i)? **(Vote taken: carried)** (ii), to specify the post nominals?

**Mr Gerald Alexander:** Let us defer that.

**The President:** All those in favour of deferring (ii)? **(Vote taken: carried)**

**Mr Alan Kershaw:** Subject to consultation.

**The President:** (iii) is about making sure that all sectors of the pharmacy profession are appropriately consulted and their use of post nominals is explored, and we will bring a paper back at a later time. Is that agreed?

**Mr Jonathan Buisson:** The qualification should be matched by inclusion on some register, whether it is the register of QPs, or the register of pharmacists or technicians, but there should be some kind of matching between the nominal and the register, or a register.

**The President:** Peter, do you want to say anything?

**Dr Peter Wilson:** I think Jonathan's point is important. I would have made it myself, if he had not. To ask the profession if they would like to use post nominals in addition to MPharmS would be to invite option (b), the informed use of post nominals, but formally recognised across the whole of the profession. Apart from the workload that would involve, it is defeating one of the objects of this paper.

**Mr John Hanlon:** Is it Council's view that they want to consult on everything, in relation to every single person who may have a specialist qualification, is it a specialist job title or is it specifically related to people who have managed to achieve independent prescriber status? Is it, as Mr Jolley said, for everyone who may have a specialism, or is it just for pharmacist prescribers?

**The President:** John, the paper presented to us focussed very much on pharmacist prescribing. However, my understanding from the discussion which has taken place is that the Council wishes to ensure that every sector of the profession, where specialist practice takes place, is included in this initiative to recognise advanced and specialist practice. Is that correct?

**Mr John Jolley:** That is absolutely correct. And the request that those persons should be named on a register I think is a very good proposal, because that certainly does distinguish between incidental ad hoc qualifications and recognised appropriate qualifications.

**Dr Sue Ambler, Acting Director of Education & Registration:** Just to point out to Council that you have to have statutory powers to annotate the register. You cannot just choose to put anybody on the register. There are a set of byelaws by which people get to use the title 'prescriber'. That is why we are saying it should be restricted to that. If you say anybody can use any post nominals, you are at option (b). We cannot put things on the register willy-nilly; it has to have a due process and a legal framework for that.

**Mr John Jolley:** I am sorry. That is an irrelevant comment because, certainly in the case of the qualified persons, there is an established register, maintained by MHRA, and the Society have and have published for a number of years now the register of qualified persons. So whether there is an annotation on the principal register is not really an appropriate or relevant comment.

**The President:** I think a number of people are now interested in getting involved in this.

**Dr Peter Wilson:** Ladies and gentlemen, I think we need to be a bit practical about this. What can the office of the Society manage between now and December? We can look at the registers the Society holds of individuals. We can look at the post nominals associated with those registers. We can come back to Council in December with a summary and with some suggestions. What we cannot do is to scope the range of specialties and special interests within our profession and their views and propose changes. If that is what Council votes to achieve -- and I suggest it would need to be a vote, President, but it is your call -- then my proposal to you is that it becomes part of the development of the new regulator, and the new professional body. That is the place where that scoping will take place, and it will delay decisions by a couple of years, but they will be based on a solid piece of work, carried out in planned and proper way.

**The President:** Peter, my anxieties are that there will be war, because those who are not able to use post nominals would naturally be angry. If we are going to do something, I would rather make sure we do a proper job and ensure that we have gone through a thorough process, because otherwise there will be discontent. If we can avoid it, I would like to avoid it at this stage.

**Ms Marcia Saunders:** I was going to say that the best is often the enemy of the good. I think that Peter has given us a very good way forward, and Gerald has made the point that we do want to encourage prescribing. Then we can go out and say that to the profession. We can say that we are also of course very interested, particularly we know the future professional organisation will be very interested, in finding ways of recognising other achievements and this is our way of taking the first step. I agree with you about looking at all the registers we hold and doing that piece of deconstructing, or whatever you call it.

**Mrs Sue Kilby:** First of all, I think it is important we do something for the prescribers sooner rather than later. I am very much in support of looking at something we can do for QPs, but as far as I know,

that was a list rather than an annotation on the register, and that is an important but subtle difference. Also, the other point we need to consider about QPs is that you are only a QP if you are on a project licence. You can be on a list of approved people to be considered to be a QP, but you do not actually become a QP until you are actually on a project licence. That does not mean to say we cannot look at that in the future. I think it is a very important area we do need to consider, and it is slightly different perhaps -- it is probably an insult to say 'routine' advance practitioner, but it is a specialist group of people and it needs consideration. But I would not want that consideration to delay getting PN for the prescribers. So I would like, if possible, to consider the issue around prescribing sooner and to actually expand it to looking at the wider issue about other categories perhaps at a later time. That may fit into what you were talking about, Peter.

**The President:** We seem to be backtracking.

**Mrs Sue Kilby:** It is not backtracking.

**The President:** It is 'we' collectively, not you. Earlier on we were talking of engaging with all different sectors of the profession. I am going to put it to a vote. All those in favour, firstly, of recognising the new prescribers and allowing use of post nominals.

**New Speakers:** We have done that.

**The President:** Yes I know. After that, we are going to look at other areas where post nominals can be used. That paper will be coming back to us some time in the future. I do not want to specify December as a date because I think we have to look at the office resource. It will be given due attention, but there is a lot of competition for staff time. Can we agree that?

**Mr John Jolley:** President, a point order. I have an amendment on the table amending (iii). I ask that it be considered.

**The President:** Can you remind the Council what your amendment is and do you have a seconder?

**Mr John Jolley:** I proposed that the group be expanded to take account of those appropriately advanced trained and qualified persons in addition to the group of prescribers.

**The President:** Do you have a seconder?

**New Speaker:** Can you go through it again John? What did you say?

**Mr John Jolley:** The proposal is to amend (iii) to include, in the category getting recognition by the Society for post nominals, those other registered, recognised, specialist qualifications that meet the minimum requirements for recognition.

**Mrs Sue Kilby:** At this point in time or in the future? I will second it for the future.

**The President:** We are talking about the future, because the paper will have to come back to Council for discussion.

**Mr John Jolley:** I am sorry, President. I thought we had already discussed this and we had agreed that certainly the prescribers had a case, but so do other specialist qualified groups. Now, if we are saying yes, we will consider those other specialised groups, it is no big issue to go and look at the registers of those specialised groups to consider them. Certainly I do not accept that it will take us until December to do that. For that reason, I am proposing that (iii) be amended to include not just prescribers, but those other specialised qualified groups.

**Mr Alan Kershaw:** President, just in an effort to be helpful, (iii) as it stands is not incompatible with what John is proposing. If we agree (iii) as it stands, all (iii) is about is saying we do not want a string of loads of different specialisms going behind someone's name. We just want to have a single professional title which will be recognised in this way. The register itself, or registers, can be more detailed if they wish.

Indeed, if it is not on the register we will not be able to police this and that is important. If we can take that as agreed, we can also record that in giving that agreement, we recognise that there are other areas which have yet to be looked at, which will also come and which, inevitably by the time of a new professional body, will have to be considered in terms of faculties or special interest groups, or whatever, or perhaps categories of membership. It does not have to wait that long, but in the run up to that, that will have to be considered. We are not ruling that out, but are simply saying there is a pressing need to do something about prescribers. It is a positive proposal and we have supported it already.

**The President:** You can support that. What we are trying to do is to include everybody who deserves to get the recognition. It is not excluding any group. But it is kicking off with the prescribers.

**Mr John Jolley:** Sorry, President, I am sticking on this point, in that the group to which I refer is a group which has been practising for some considerable number of years. It is a group for which there is a problem in recruiting for this very reason, and for that reason I would not be in favour of the prescribers getting this recognition in advance of the qualified person.

**The President:** We will put it to the vote. (i) is agreed and we cannot overturn that, as we have agreed it. We have agreed (ii) and we have agreed it will come back to us later. So far as (iii) is concerned, I do not know how anyone can vote against that now. Can I get agreement on (iii)? Then we come back to the QPs.

**Ms Marcia Saunders:** My point was the same as Alan's. I want to reassure John that I really do think we have heard what you say and we do want to ensure that these people are properly recognised. It would be terrible to vote down an amendment that would imply that we did not. Do you see what I mean? I think we have had a good discussion and we should say we are taking on board what you are saying, and that we would want to flesh that out in due course. But I think the consensus has been that moving ahead with prescribers is sensible, and that we perhaps do want to have a future action plan drawn up, but I think we should go with what we have got at the moment.

**The President:** John, I think we have got to a stage where you can see the Council is happy to support you in what you are saying, but if you press it, you are in danger of losing some sympathy.

**Mr Brian Curwain:** I was concerned to know exactly what we were trying to support. I accept John's point absolutely about QPs as a group which requires recognition, as Marcia just said. What I was not clear about is whether we are sure we are really voting on anything which says everybody will have the same post nominal, irrespective of what group they belong to, because personally I would not support that

**Mr John Hanlon:** If we actually read (iii), it says: *"To agree that the recognition by the Society of other advanced or specialist roles..."* it does not say prescribers *"in the future should be subsumed within a single professional title such as advance pharmacy practitioner."* I think it is quite clear and it does cover John Jolley's point. I think we have taken the decision, so far as pharmacist prescribers are concerned, that we want to do something about them now. I think your suggestion President -- I am happy to move it -- is that we do not decide what that is, that we do get a paper on it, and that that is subject to some sort of consultation and that it does involve members of the public. Because the paper clearly says *"this will assist members of the public."* So let us find out how it will assist members of the public. Can I also suggest that it is part of that consultation that we try to use whatever organs, including the Journal -- perhaps also the national press -- to try to get some public education going to tell people what pharmacist prescribers are.

**Mrs Lorna Jacobs:** I wanted to reiterate Brian's point that the statement (iii) as it stands, if we do vote on that and agree it, would rule out a variety of different post nominals other than prescribers. So if we then ask the public what information they would find helpful, if they say that other information other than prescribing was useful, we have already ruled it out, if we agree with part (iii). I would urge that part (iii) also should be deferred. That we ask the public about what is important, how they would understand it and that ---

**The President:** Point of order. We have already agreed something and now you are proposing that it is deferred.

**Mrs Lorna Jacobs:** I am asking that point (iii) should be deferred, because to make a decision on it would rule out something we said we would asked the public about.

**The President:** Can I get the Council to agree something?

**Mr Gerald Alexander:** Just to help matters, I suggest redrafting (iii). If you delete everything after the word *future*: “*should be subsumed within a single professional title such as an advanced pharmacy practitioner.*” If you read the first bit, it is quite simple: “*To agree that recognition by the Society of other advanced or specialist roles in the future.*” With a full-stop at that point, we can talk about that in the future and that would hopefully take John’s point into account.

**The President:** I will take that point. Do you have a seconder? **(Several hands went up) (Laughter)** Looks like I got a vote, not a seconder! The Council has agreed that. Can we move to the next item?

[Council agreed (i) that pharmacist prescribers be able to use an appropriate post nominal to indicate their prescribing status to third parties; (ii) that specification of an appropriate post nominal be deferred to the December meeting when proposals would be presented; and (iii) that the recognition by the Society of other advanced or specialist roles should be considered in the future once a policy on further annotations to the Register had been agreed and the appropriate legislative framework put in place.]

## **12. Memoranda of Understanding between EEA Competent Authorities on the exchange of fitness to practise information**

**The President:** Paper C92. Martha is with us to take us through that paper.

**Mrs Martha Pawluczyk, Head of Overseas Registration:** Before you in Appendix 1 is a Memorandum of Understanding. This is as a result of a working party, Health Professions Crossing Borders, which was set up following the UK presidency. There was a meeting in Edinburgh, which the Society attended -- Phil Green was there representing the Society -- and it came out with an agreement on proactive and reactive information sharing between regulators within Europe.

It has now been subsumed into a Memorandum of Understanding. Both the Department of Health and the Alliance of UK Regulators on Europe are very keen to get EEA regulators to sign up to this Memorandum of Understanding. We are a net importer of health care professionals. We have a lot of professionals moving and the numbers are increasing. We would like to have information about these professionals, their qualifications and their fitness to practise status communicated to us. We will be asking European regulators, when we receive an application, to divulge information. We would also wish regulators to actually warn us in advance of disciplinary action that they may have taken against an individual who may at some stage seek registration with us, relying perhaps on establishment in another Member State where he has a clean record. So in short, I would ask Council’s support for the Society to become a signatory to the Memorandum of Understanding and also to actively encourage all the other European regulators that we work with to also become signatories. The Osteopathic Council have been notoriously successful in this and I would like to see the pharmacists also doing equally as well.

**The President:** Before I invite comment, can I recognise the hard work that has been put in to get ourselves to this position, because we started this journey quite a while ago. To get here has been a long journey. Thank you for all the work that has been done so far.

**Mrs Martha Pawluczyk:** I do not think I can take credit for all that, but thank you.

**Mr Alan Kershaw:** I welcome this and I hope we will be able to support it almost whole-heartedly. The reason I say that is because it represents a very significant milestone. A huge amount of work has had to be done to get us this far, but it is still not the whole story. I think we are not at the finishing line, but are maybe just past the starting gate. The reason I say that is because we know from discussions in other contexts, not least the Recognition of Professional Qualifications Directives, that different approaches to fitness to practise issues are taken in different countries, even somewhere as

reasonably homogenous as Europe. Specifically, some of the regulators do not regard criminal convictions as a reason for any kind of action, unless they are directly related to someone's professional practice. That may sometimes be a sensible view; sometimes it may not. We are not talking of a level playing field here. There is more work to be done down that road and I think we should record that as part of our welcome, but I would not want to be seen as in any way opposing it and that we sign it up now.

**The President:** Council, do you agree (i)? **(Agreed)** (ii)? **(Agreed)**

[Council agreed (i) that the Society become a party to the Memorandum of Understanding between Competent Authorities to promote case by case and pro-active information sharing concerning professionals who may wish to move from one Member State to another, and (ii) that the Society actively encourage the Competent Authorities it works with to become signatories to the Memorandum of Understanding.

### **13(a) Any other business: Open day**

**The President:** Firstly I would like to firstly invite Jeremy Holmes to give a verbal report on the open day that was hosted by the Society for members.

**Chief Executive & Registrar:** It was a terrific day, and I would like to put on record a thank you to the staff and Council members who attended the day. We had a very good turn out from both staff and Council members. We had 100 members of the Society plus 40 or so partners and family members.

I was pleasantly surprised by three things. First of all, they were not people who normally visit Lambeth. I think Council members who were there said they recognised only one or two faces. The vast majority were people who would not normally come to this building. So I think we reached people we would not otherwise have reached.

Secondly, there was a very positive feeling about the work that the Society does. We had a good spirited discussion about the proposed fee increase, but people were surprised by the quality and the extent of the work that was demonstrated, and they came away saying, "Yes, I had not realised quite how much was going on." We certainly need to be more visible and do more marketing of what we do, but when people see what it is that we do they respond positively. The third thing that surprised me a great deal, but very positively so, was there was a very strong feeling of belonging to a professional family. A number of people said that they felt a great deal of affiliation, even affection, for the Society and for their colleagues in the profession. This is their home, their professional centre. I think we should take note of that and work sensitively with that, because it is a bond we break at our peril. I would want to go with the grain of that with our work with members. It was a very positive day and I would like to do it again, probably in the Spring of Next Year.

**The President:** Thank you, Jeremy. As a newcomer to the profession, it was interesting to hear your views on the day and also how we interacted with the members. I too very much enjoyed the day. It was positive from start to finish. There was a lot of humour, some very important questions asked and addressed in a very nice relaxed atmosphere. I certainly recommend that we do something like this, not just one more time, but on a regular basis, so the link between staff and Council and also jointly our link with the members of the Society is strengthened. Jeremy and I were walking back after the boat trip and somebody described the experience as a very good bonding exercise with Council and staff. I think that summed up a very successful day. I note there are a number of people wanting to make comments.

**Mrs Margaret Allan:** I think it is a fantastic way forward. I think engaging in that way with the members is probably critical to our future. Certainly this is one of the first times I have been here and it makes you feel part of something. My thoughts are that we do need to do more of these days. But on the reverse of that -- this is just throwing something into the pot that I have not thought through -- it would be nice to do something when preregistration students register; whether there would be some way in which they could come here, or could be invited to come here to collect their certificate. I appreciate it is a lot of people all in one go, but I think that would be engaging with people right from day one of their stepping into the profession. I think we would then have a body of people who would understand the Society and see the value that they can add to their future careers.

**The President:** That would add support to the cradle to grave relationship we talked about at BPC.

**Mr David Thomson:** From a PR point of view, it was extremely successful and countered some of the debates that have appeared in the PJ of late. It was positive. The boat trip allowed further serious discussions with grass-roots members in a fairly relaxed atmosphere. I would strongly support the repeat exercise at both Cardiff and in Edinburgh to extend the opportunity in those countries as well.

**Dr Rose Marie Parr, Chairman of Scottish Pharmacy Board:** Thank you, President. Just to welcome Margaret's comments around welcoming preregisters to our register. As Gerald and others know, on an annual basis the Scottish Department do hold a welcome evening for both the preregistration students as they join the register and also their parents and family to York Place. It is a very successful evening and it gives you that feeling of warmth. I agree these things are important.

**Mrs Sue Kilby:** I have two other points which may be worth considering. One is perhaps looking at opening the Society to people who are actually joining the pharmacy courses, because we have quite a number of universities around the London area, and we could open up the Society to encourage students to come and find out what pharmacy is about and meet some of the leaders within the profession. The other time which I think may be useful is when we have just had a new Council -- sorry, Hemant, because you will not be here as The President in the future -- but it is an opportunity for the members to meet the new President and also new Council members as well. So that is something to consider.

**The President:** Thank you. I can turn up as a spectator. **(Laughter)**

**Mr Jonathan Buisson:** I attended the open day. I thought it was very good and would like to see it repeated. I would like to put on records thank you to the staff who gave up their Sunday afternoon to come down here to happy Lambeth where they spend so much of their time anyway and be here for the members. If there is anything else we have to sell round here, it is the view from the fifth floor. We do not make enough of that either.

**Mr Andrew Gush, the Treasurer:** Although I thoroughly enjoyed the day, I declined the boat trip just in case I was asked to walk the plank! **(laughter)**

**13(b) Any other business: All Party Pharmacy Group – recommendation on funding for CPD**

**The President:** Vice-President, you informed me that you wanted to raise an issue at the BPC. Sorry it is not on the agenda, but here is your opportunity.

**The Vice-President:** During the summer the All Party Pharmacy Group printed a priority report in which there were a number of recommendations for the future of pharmacy, many of which through various work streams are in pipeline at the moment and which we are supporting. A number of pharmacists who have managed to see this report have been very excited by one of the recommendations that is on an individual pharmacist basis. That recommendation is at page 10 of the overview and summary of the All Party Pharmacy Group report, under the section of pharmacist education. It states: "*Pharmacists should receive financial reimbursement from the Department of Health for the time spend undertaking CPD in line with other health professionals.*"

What I am asking for you to agree today is that we look at producing a paper to bring to Council in the future, whereby we will look as to whether we want to support this recommendation vigorously. I am not asking you to make a decision here and now, but that we produce a paper in the future. I am sure the members will be very interested that we are looking at this issue. I would ask that anyone who has any comment to make or wants to add to this paper to submit their comments. I am sure some of my technician friends -- I have spoken to Steve before this -- would want to comment. Whereas, it was only specifically looked at for pharmacists, we may wish to put forward a recommendation to look to broaden it.

**The President:** Council, are you agreeing to a paper coming to Council in the near future? **(Agreed)**

**Mr David Thomson:** As the All Party Pharmacy Group liaises mostly with the DH, I think it would be prudent to extend that scrutiny to other health departments as well.

**The President:** Scotland and Wales. Thank you. We initiated something in July and Jeremy has an update on the Clark Inquiry.

[Council agreed that a paper should be brought forward to the Council as soon as practicable.]

### **13(c) Any other business: Clarke inquiry**

**Chief Executive & Registrar:** Just three things to say about the Clark Inquiry to keep Council up to date. The first is that he has now confirmed his panel and he will be announcing it imminently. I think you will be satisfied with that. It is a very strong and independent panel. Secondly, the expectation is that the consultation document from the inquiry will come out in the second half of November, to which stakeholders will be invited to respond, including us. The third thing is that he has, in agreement with me and the staff, extended the period of consultation for people to respond to that document, to the end of January. It was previously the end of December. That is, first of all, a good sign that he is listening and we are encouraging him to listen to the profession. Because at BPC it was suggested that a closing date of 31 December was not very convenient for many in the profession, who have a very busy late December. So he has extended it to January 31, but that will not compromise delivery of the report in April and May.

**The President:** Although the inquiry is funded by the Society, it is an independent inquiry. There are no pharmacists on the panel and there are certainly no representatives from the Pharmaceutical Society, either as members of staff or members of the panel. I encourage every member of the Society and those interested in pharmacy to make a submission. I also urge other organisations to make a submission so that the future of pharmacy can be properly considered. The recommendations, when the paper is ready, will come to the Council. We will take it to the AGM and share it with the rest of the world then.

It is 5.05.

I ask the Council to note items 14 to 20. **(Agreed)**

### **14. Regulation on Special Resolutions**

[Council noted (i) paper 07.10/C/93, which had been circulated, and (ii) that the regulation on Special Resolutions had been approved by the Privy Council and was now in force.]

### **15. The implementation of the new Recognition of Professional Qualifications Directive (Directive 2005/36/EC)**

[Council noted the update, which had been circulated at 07.10/C/94.]

### **16. Investigating Committee: statistics**

[Council noted the report, which had been circulated at 07.10/C/95.]

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

[Council noted the update and progress report, which had been circulated at 07.10/C/96.]

### **18. Pharmacy 2020**

[Council noted the update, which had been circulated at 07.10/C/97.]

### **19. Report of the Returning Officer on the election of Council members 2007**

[Council noted the report of the Returning Officer, which had been circulated at 07.10/C/98.]

### **20. Council for Healthcare Regulatory Excellence (CHRE): minutes for 14 March and 13 June 2007**

[Council noted the minutes of the meeting of CHRE held on 14 March 2007 and the unapproved minutes of the meeting held on 13 June 2007, which had been circulated at 07.10/C/99.]

**21. Any other business: retirement of Mr Philip Green, Deputy Secretary and Director of Education & Registration**

**The President:** Colleagues, I want to comment about Phil Green's retirement from the Society.

After serving for 13 and a half years in the busy and demanding roles of Deputy Secretary & Registrar, Director of Professional Development, and most recently Director of Education & Registration, Philip Green and the Society have agreed that he will leave the Society at the end of September 2007. This decision follows a period of poor health.

Philip was an effective member of the top management team and worked collegiately with other members of the executive group. Philip was well respected by all. He has extensive experience of working with boards and committees, government ministers, civil servants and university top management, often dealing with difficult issues in a sensitive manner.

Philip led a number of strategic initiatives. Foremost among these was his role in leading the Society's modernisation programme and the PIANA programme.

Understandably, we are very sorry to lose Philip from the organisation. We recognise his desire to rebalance his work life priorities and seek new opportunities. I am sure you will join me in wishing him well. Thank you.

**(Applause)**

**Council dealt with Confidential Business****Council resumed public business****Presentation of Honorary membership to Professor Fridrun Podczeck**

**The President:** Welcome back, colleagues. We are here to honour the scientist, Professor Podczeck. The Society was given the power to elect honorary members by virtue of its Royal Charter. We can elect as honorary members people who have rendered distinguished service to the Society or to the profession of pharmacy. Only two or three members a year are elected, so Fridrun you are joining a very select band. You graduated in pharmacy in 1984 at the Martin Luther University in former German Democratic Republic. You achieved First Class Honours and registered as a pharmacist in the GDR the following year.

You remained at the Martin Luther University as a lecturer and senior lecturer until 1992. During this time, you were awarded a PhD from the Academy of Medical Education in Berlin. In 1992 you moved to the School of Pharmacy at the University of London, and for the next six years held a number of research posts, culminating in senior research fellowship. During this period you were awarded a doctor of science, the highest academic qualification that can be awarded to scientists. You then returned to University for a year at Helsenberg, Fellow of the German Research Program -- I am afraid I cannot pretend to announce the name in German -- the aim of which is to provide outstanding researchers with the opportunity to prepare for leading positions in science and research.

In 1999 you rejoined the School of Pharmacy in London as Reader in Pharmaceutical Technology, a post you held until 2002, when you were appointed to your current position as Professor of Pharmaceutics at the University of Sunderland -- my old school. Fridrun, your work has contributed greatly to the science of pharmaceutical formulation, particularly powder technology and the development of solid dosage forms.

In addition to being a distinguished researcher you are an enthusiastic, innovative and rigorous pharmacy teacher, setting high standards and working hard to develop an understanding of pharmaceuticals and an awareness of its wider importance in the context of pharmacy practice and the clinical uses of medicines.

In recognition of your work, you have been made a Fellow of the American Association of Pharmaceutical Scientists and of the Institution of Chemical Engineers, and in 1981 you were awarded first prize of the Federation of the Pharmaceutical Industry of Germany. It is my great pleasure to ask you to accept your certificate of honorary membership of the Royal Pharmaceutical Society of Great Britain, in recognition of your great contribution to the advancement of knowledge in the field of pharmaceutical science and to the training of many pharmacists in London and Sunderland. **(Applause)**

**Professor Fridrun Podczeck:** I am honoured to receive this award. I know the Society does not lightly give these awards, and I will endeavour in the future to be worthy of this high honour I have received and I would like to thank you very much.

**The President:** Colleagues, I bring this session to an end, but I think we can continue our celebrations upstairs with a drink...