

THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

Transcript of the Public session of the Council meeting held on 1 April 2008

[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.

PUBLIC BUSINESS

Mr Hemant Patel, the President: Good afternoon Council. We have a full house today. It is Tuesday 1 April and we are in public business.

1. Apologies for absence

There are no apologies for absence.

2. Declaration of interests

May I remind Council that members need to declare interests at the beginning of each item.

3. Welcome to guests

I would like to take this opportunity to extend a very warm welcome to guests from the branches: Sue Carter from Southampton and District Branch; James Davies, the General Secretary from the BPSA; Kathryn Featherstone from the Border Region, Ms Maggie Franklin from Crawley, Horsham and Reigate Branch and Mrs Anne Lorimer from Edinburgh and Lothian Branch.

4. Minutes of the public business part of the Council Meeting held on 11 and 12 December 2007, 11 January and 14 February 2008

No comments on accuracy have been notified. Therefore can I accept the minutes as an accurate record of the proceedings? **(Agreed)**

[Council resolved that the minutes of the public business parts of the meetings held on 11 and 12 December 2007, 11 January 2008 and 14 February 2008 be received and agreed as a correct record.]

5. Matters arising from the public business part of the Council Meeting held on 11 and 12 December 2007, 11 January and 14 February 2008

No matters arising have been notified to the office.

You will note this time the agenda is set out in sections. The first section is professional leadership matters. The second section is regulatory matters and then the third section is organisational matters. It is divided in this way so there is some continuity, and also for our members to note the kind of work which is going on here in terms of regulatory and professional matters.

Professional leadership matters

6. Report of the Clarke Inquiry into the principles, functions and structure of a future professional body for pharmacy

Today Council received and discussed the final Clarke Report. Nigel Clarke and John Thompson came and presented their findings this morning to Council. I think it is worth reminding ourselves of what led up to the inquiry. On 11 January 2007, the Council was notified by the Chief Pharmacist of the intention to develop a new White Paper for regulation for all healthcare professions. That meant the Society's dual role was going to be separated. Since then, we have had "Trust, assurance and Safety" the White Paper in February, and Council decided in order to bring all pharmacy sectors and communities together, we should have an independent inquiry. Nigel Clarke was asked to appoint a panel to take evidence from all different sectors in pharmacy in all three countries and beyond. Those findings were presented to the Council today and my understanding is that the report will be published

tomorrow. I would like to invite Jeremy Holmes to introduce the item before we move on.

Mr Jeremy Holmes, Chief Executive & Registrar: Thank you, President. The Council will be aware that you have a paper, paper C/03, on the Clarke Inquiry. It was a very helpful discussion this morning. It was useful to have Nigel Clarke and John Thompson here. One difference from the paper you have in your pack is that, as you will know from this morning the plan is that the report should be published tomorrow, 2 April, rather than 3 April. There are significant advantages in that, in that it will meet the press deadlines for *The Pharmaceutical Journal* and the *Chemist & Druggist*. Nigel is planning to have his press conference at 9.00 or 9.30 tomorrow morning, so that will ensure it gets into those two publications.

I would like to ask Council to note the Clarke Report, to agree that we are going to issue a statement reflecting the fact that the Council has received that report and welcomes its publication tomorrow and that we are going to consider it in detail on 23 and 24 April.

The President: I would now like to take any comments from Council, if there are any. Are there any comments on the Clarke Inquiry? If not, I would like to report and put on the public record on behalf of Council our sincere thanks for the work done by Nigel and his panel. I think they have done a very thorough job of taking all the comments into account. Nigel will tell you the number of responses that were received and how they formulated their response, but I am very impressed with the quality of work done.

[Council noted that the Report of the Clarke Inquiry would be formally received by the Council in confidential business on the following day.]

7. Chief Executive and Registrar's report on other professional and leadership matters

Chief Executive & Registrar: I would like to construct this on the basis of the market research that we have been doing and briefly tell you how the work on professional leadership is seeking to reflect the needs of the membership, as reported to us through that market research. The research has told us that members want a strong voice from pharmacy to influence government, public and other healthcare professions and they also want practical support to help them develop as professionals.

On the first of those, we are doing a lot of work influencing the government agenda, but we are trying to be more open and transparent about that. I think a lot of it has been invisible to the profession. They do not realise how much good work goes on here and we want to open the doors, metaphorically, so that they can see more of what we do and appreciate the value of it. We are going to be bringing proposals to the next Council meeting on how we can enable members to be more aware of what we are trying to do on influencing policy agenda.

On the second front, practical support, you may be aware of some of the things we have started to do, in terms of practical information and toolkits. A very good example of practical support occurred in the last fortnight, when the MHRA made its decision on cough and cold medicines for the under-twos. We emailed all members, because we thought they should not be taken by surprise by headlines the following day, when the MHRA announced its decision. In fact, the Daily Mail had the front page headline: "*Toddler cough medicine banned*". We followed up with a series of interviews on television and radio, so it did not become a major health scare, and we got a very, very positive response from the membership, including on Private Rx -- which is perhaps not always the most favourable forum for the Society -- because we actually did something proactive. It is a credit to the PQI team and David Pruce that they took the initiative and they told people that this was going to happen, so when it hit the front page of the Daily Mail pharmacists were not taken by surprise and they knew what they could do about it.

I know John has been very close to this. I do not know if he wants to elaborate on Private Rx, but I was very pleased to see some of the comments.

Mr John Gentle: Yes. When you say pharmacists were not taken by surprise, as some of the PSNC were, because they told their LPC secretaries on their website incorrect information, and when questioned they admitted when had picked it up from the Daily Mail headline. **(Laughter)** It is somewhat disappointing that the PSNC it takes the Daily Mail's headlines and puts it out as fact.

A comparison is due to be drawn between the way the Society responded here and the way the PSNC responded. When members need to know where to get information from, it is from the Society -- this is what the Society does. The Society had been talking to the MHRA for seven days or so beforehand, so a joint press release was issued. So the press release that went out was part written, as it were, by the Society.

Some comments from pharmacist colleagues who I have spoken to, but also on Private Rx - there are members of the PRLOG Group there and senior influential pharmacists who have praised the Society for its work in this area. It is quite unusual – not unusual that the Society does a good job, but that it is publicly acknowledged. It is important that this is what the Society does, or one of the functions that it does, and that it gets it right. It was extremely pleasing to see that in such a public and often critical forum. They also commented about the general increased media profile of the Society recently. So it is a case of bit of back-slapping and basking in glory for certain members of the team – Mr Pruce!
(Laughter)

Chief Executive & Registrar: On a continuing basis, we are increasing our output on short simple guides. We have a lot of very comprehensive guidance, but it is quite often in very fat, quite detailed documents. We are increasingly distilling those down into two sides of A4. Those are coming out POM to P switches, on NICE implementation issues and pet care, and we have a series starting on top tips from the legal and ethical advisory service. Some will be distributed through the PJ and some will be through other distribution mechanisms. But we are trying to get these down to practical *What are the top 10 things you need to know*, which are not a replacement for the comprehensive guidance, but a support to that guidance. I hope that will be useful and practical to the pharmacists at the sharp end.

The President: Thank you very much.

Professor Stephen Denyer: I think it is worth reminding colleagues as well that for a number of years we have done a *Scientist in the High Street* information sheet -- not as many as we would have liked to have done each year -- but they are very pithy and are intended to provide this easily digested advice.

[Council noted the report.]

8. IT and communications with the profession

The President: Just now we talked about communicating with members and how proactively the Society was able to support its members. Can I ask David to update us with a word around getting the message across on some of the difficulties? Then I would like to add a few more pointers to it.

Mr David Pruce, Director of Practice & Quality Improvement: I think actually the email that we sent out to members about the MHRA illustrates part of the problem we have, in that we have email addresses now for about 26,000 members. But there are still another 21,000 odd members whose email addresses we do not have. We would like to be able to communicate rapidly with pharmacists and pharmacies, so when a story breaks we can instantly tell people *“This has happened. You need to know about this”*. The same thing happens with drug recalls. We know that the system is slow and laborious because it is largely a manual faxing system. One of the big issues we would like to see is all pharmacies having email access, so that they can receive urgent communications both from the Society and from PCTs and so on. That is how modern communications is, yet we know a lot of members do not have that facility. Even amongst those that do, we do not have email addresses for pharmacies, which means we send it to the people's home addresses. We will be writing to the PJ this week urging people to register their email addresses with us. I think you have commented on this, President, but it does seem bizarre that this in modern age there are pharmacists who do not have email and do not use it regularly. It is the most common form of communications, and certainly for professionals it should be the fallback position.

The President: There is more news, because at the Society we are taking the idea seriously and appointment is now being made. Can you update us on that, David?

Mr David Pruce: We have a new member of staff who will be starting within the next few days who will have a specific remit around IT. At the moment, IT issues have been picked up by a number of

people in the team, and we do a lot of work trying to liaise with Connections for Health and the two IT programmes in Scotland and Wales. We have never had anybody who has a specific focus around IT, so we are trying to build up that in-house expertise, and we have recruited someone with experience around IT.

Chief Executive & Registrar: It should be said within the Practice team, so they are not separated out into an IT box. Council is probably aware that *Medicines Complete*, the online information resource developed by RPS Publishing, has now been bought by Community Pharmacy Scotland, and is available to all community pharmacies in Scotland. If one is talking about IT access, there is no better demonstration of it than something like *Medicines Complete*. That is something I am talking to publishing colleagues about to see whether we can accelerate things in the rest of GB. There is a fantastic product there. There is nobody delivering better IT access to medicines information than our publishing team.

The second thing to say is that in the wider context of communications, the Health Policy Forum, of which we are a member, has commissioned some very important research on community pharmacy and IT capability. That is going on at the moment, and we will report to you on the findings of that in due course.

The third thing is we are planning a major conference here in the autumn, either in October or November, on IT in pharmacy. Our intention is that it should be a platform for our research for the Health Policy Forum and our know how on IT access and how it links up with the NHS agenda and what is available from the supply side. Because a lot of kit and service support is available from the supply side, but sometimes it is quite hard for pharmacists who have a real job to do to fight their way through it. I think that will be an important discussion forum and hopefully will accelerate the IT program quite considerably this autumn, and it should position us as leaders in that territory.

The President: I want to take the opportunity to congratulate the IT team here, because now the building is wi-fi enabled, which means members can use their laptops here. The purpose of this item is to update Council on various pieces of work that are going on. Also, hopefully through the press, to get the message across to the profession that IT is important -- it is not a fad that is going to disappear -- and that IT literacy is important. From what I know of many community pharmacists, there are some who do not even have the basic IT literacy skills, and very soon we are talking about an IT based NHS. I think there are issues to be addressed, in terms of IT literacy. I believe that the professional body, the Society, should be taking action to ensure that all pharmacists are IT literate in order to make Britain the safest place in the world to receive medicines, but also to receive future support from the Society in the way that we have seen described. It is very important for us to be seen as an authoritative body that is supporting members.

So, Council, I urge you to support the proposal that we investigate the problems associated with implementing IT in community pharmacies. I know a number of pharmacists are sitting around with experience in community pharmacy and I would like to hear views, firstly from David Thomson.

Mr David Thomson: Thank you, President. The majority of pharmacists in Scotland and pharmacies have an email address. There might be mileage in looking at that, rather than at establishing new addresses, if the data protection issue might be resolved. It offers a real opportunity to get that right from day one.

The President: We are investigating ways of issuing each member with a unique email address. In a future Council meeting you will be updated around that. I think davidthomson@rpsgb.co.uk might be a very useful email to have.

Mr Graham Phillips: I am absolutely in support of this. I have two or three quick points I want to make sure are considered. I do not want a long debate. My first question -- and Stephen is probably better placed to answer this than I am -- is around multiples. I know that multiples, certainly large multiples, have their own policy about IT access and what is available. I want to make sure that we integrate that. It is all very well sending an email, but can it be received? Secondly, will there be integration with N3, as we start to roll out EPS and so on? If we can use that pipe, I guess that will solve that problem, but that is still in discussion. Thirdly around locums, because when the usual pharmacist is not there locums do not necessarily -- and I would not necessarily want them to -- deal

with emails.

I suppose my concern is that the public assume they launch an email and the pharmacist would automatically receive it. I am seeing it myself, and sometimes quite inappropriate details start coming through. They have not thought about what is happening at the other end. We need to think very carefully about that and governance. I do not say that in any way to oppose this, but there are some problems that may not be immediately obvious.

Mr Gerald Alexander: I think it is good that the Society is taking the lead in this respect. I am very pleased to hear that the Society and the MHRA are working together. It is an excellent example of a close relationship. Just to put you right in relation to community pharmacists. Obviously your heart is in the right place, President, but the National Pharmacy Association sends out a series of email alerts to its members. An alert letter takes place and you can click on the latest information. I think this organisation should work with other organisations. I am sure Jeremy could, in a series of bi-laterals with chief executives and senior managers of other organisations like the PSNC, the NPA and the Guild of Healthcare Pharmacists. It would be good if we are all working together and reading from the same song sheet.

The President: Your sentiments are well expressed. The problem is that at the other end, is there capability to receive IT and go on the internet? How competent are they? My concerns are with electronic transmission of prescriptions. My understanding is that a very low volume of bar-coded prescriptions are dispensed by pharmacies. I think there is a need to look at what the barriers are and at helping our members to take advantage of the new technology, which is supposed to be efficient and effective.

Mr Gerald Alexander: That is absolutely right. We need to know what is going on out there. I think those discussions need to take place between the larger bodies, so patient-facing pharmacists need actually to be alerted to issues that arise on an urgent basis. I think we need to pursue that inquiry.

Mr John Gentle: Following on from what Graham and Gerald were saying, in my pharmacy we get such alerts from the hardware supplier. They send information out to all their suppliers -- there are about two thousand nation-wide. Maybe if the Society sends them a message and gets them to pass the message on that is one way to quickly disseminate information. We used to do it in some of the chains in the Shropshire LPC by going to one of the area managers and asking him to put it into the company's intranet system, where you can email each other but cannot email outside sources. So talking to somebody in the company concerned is one way to do that.

On giving pharmacists email addresses, could I suggest that we try with the Council? Perhaps it is time Council members got jgentle@rpsgb in the same way as staff.

The President: Any other points on IT and communications?

Mr Peter Jones, Chairman, Welsh Pharmacy Board: We have not mentioned sharing of patient information across the sector primary care interface. A lot of work is going on Wales around informal healthcare. Also in Wales, one of the next stages is to give every pharmacy and pharmacist a NHS address which should help communication in Wales.

The President: May I ask the three Boards to pick this up and liaise with headquarters, so we have a proper integrated strategy for IT in all three countries?

With that, I would like to move to the next item, before we go to the Branch Reps Meeting, I would like to highlight that item 29 from the confidential part of the agenda will be taken at three o'clock promptly. I will have to ask people who normally do not attend confidential business to wait outside

[Council noted the report.]

9. Branch Representatives Meetings to be held on 22nd May 2008

Mr John Gentle: You have before you a list of motions that are going before the meeting this year. The reason for doing this is not for Council to have the debate now. The intention of the meeting is not that we discuss the motions before the branch reps do. The intention is an opportunity for

Council members to look at the background information that the Council are providing to make sure that we are happy with it, as this is going out as the Council's position on the motions before they get discussed. If we can try and avoid, as happened last year, having the debate now, we might get out before it gets dark and comment on the background information. If people can raise points on things they think should or should not be in, that is the reason for the matter being on the agenda today.

Ms Deborah Oliver, Acting Director Public Affairs & Communications: Just to confirm we have not had any notification from Council members in advance of the meeting of any comments on the motion, apart from one from the President, where he has asked us to provide information on the BPSA motion raised two years ago. We will provide a full response to that. We have not had any comments to date by Council members.

The President: That was a motion asking Council to add a marketing module to the curriculum. We agreed that we would leave the motion on the table and develop something in the background. So I think there has been some work done to try and meet the spirit of the motion.

Professor Stephen Denyer: We had a useful discussion with Nigel Clarke today and from the Southeast Metropolitan Branch, which is talking about the local branch structure and how to create a thriving branch structure. There were some useful comments which came out from his review that we might like to draw attention to, because it will be published on 2 April.

The President: I think you make a good point. But in addition to that, if I remember at Council in October last year, a presentation on innovation and local leadership was made by me. That in some ways is a similar idea, so we can quite legitimately say work has started to develop better support structures for branches. We will pick up the point you make and update the branches of work that is on-going.

Dr Phillida Entwistle: I have been effectively silenced by my neighbour on my right from what I was going to say, but I am going to raise [a point] from Harrow and Hillingdon Branch 2, on page 13. He told me only to talk on background information. I would like to say that I think there are bad laws as well as good ones. In this case, I think the fact we are saying the European Commission considers the requirement to be burdensome is immaterial. This is a matter of patient safety, and it is very evident in a lot of issues we have in Infringements that this is a major concern. I would like to ask CHRE if they have any comments on patient safety in this regard and I would like that beefed up a bit, please.

Mrs Lorna Jacobs: On exactly the same issue, I notice that the point was made that the onus is on owners and superintendents to ensure they employ pharmacists, etc. Does the Society have the power to take action against owners and superintendents who therefore I presume breach their ethical code in not doing that, and have any actions been taken? Because that seems to be the way that we do have some power. I wonder whether, if that is so, it could be put into the information.

The President: David?

Mr David Pruce: My understanding is yes, we would have the power to take action. We are trying in the background information to give you just facts rather than trying to hold the debate. I think the debate will be lively, and certainly when I spoke to the branch I got the impression that it would be a good debate.

Ms Marcia Saunders: Mine is on Harrow and Hillingdon Branch 1. Possibly because I work in a PCT, I really took this one as a cry from the heart. I wondered whether John felt the background information quite responded to that, because it seemed to me that the response is a bit *This is the way it is. Tough!* whereas in fact, if the resolution ... **(Inaudible)** ... substance. But it is making a good point, if it is something to support people engaging with the PCT to try and find more sensible ways of carrying out MURs, and had more of a discussion about how the process would be beneficial to patients.

Mr John Gentle: I have sympathy with what Deborah said having, in a former life, been a branch rep near the side of the troops. I think the direction of debates by the Council is taken with a dim view, if the Council were to put anything that would suggest that we really support this, or those kinds of

issues. I think the Council has to be neutral in its comments. I suspect most people in the building would support this motion, and I strongly suspect there will not much debate about it, as it will be passed. But I am not wedded to this in stone in the wording.

Ms Marcia Saunders: I do not want to make a suggestion from the wording, but I thought it sounded as if it did not quite pick up on the point.

The President: I have read all the technical stuff. What people are really looking for is for the Society to say *By such and such date, we will have a resource available for you to do MURs correctly.* We can provide all the information which is there, but I think the Society needs now to start committing itself to start supporting members. If you look at the motion, it says *“Investigate matters of helping pharmacist carry out MURs.”* Those are the key words and we should be providing some resource to help pharmacists.

Mrs Cathryn Brown: That is not the way I read the motion. I read the motion that pharmacists want to carry out MURs on the patients *they* want to carry them out; not in the sense that they have got to do ten every week, whether they want to or not. That is my understanding.

The President: But some pharmacists are not doing any MURs and we need to work out why and support pharmacists, because this is now a service that should be available from every pharmacy.

Mrs Sue Kilby: I take what John says and hear it very carefully. We do not necessarily want to debate it before the branch have the opportunity to debate it. The only thing I would say is that I think lots of people out there who have lots of support services for MURs, but there is maybe an opportunity for the Society to do something as well. There is also an opportunity at a higher level, because one of the issues is around how doctors perceive pharmacists. Maybe that is something we might need to think about; how we pick that up after the branches have had their debate. We can then see what we can do to help them. I certainly think as a professional organisation we ought to be talking to other professional organisations to perhaps raise the profile of pharmacy, and this is one way we can log into it.

The President: Thank you.

Mr Martin Astbury, the Vice-President: Just at the bottom of page 12, if someone can check that last paragraph where it is stating that the PCT can determine who the pharmacist can target. So far as I am aware, they can make a recommendation, but that can be totally ignored. If we can check that paragraph. The advice the PCT gives can be ignored and pharmacists can target whoever they want for MURs. If we can check whether that is fact or not.

The President: Can we now go to item 10, rules of procedure for the Society's AGM.

Mr Graham Phillips: I am happy to take comments offline, but there are a couple of important points. The BPSA motion 2, page 7, says: *“The decision by the Society has guided several multiples to actively discourage pharmacists from cross-sectoral experience.”* First of all, that is not Society policy. Society policy very clearly is to encourage cross-sector experience. We simply came up against the impossible. Actually, there has been a very large measure of cross-sector experience and it is still very much encouraged. We need to be clear about that. In the background it says that schools of pharmacy send students to a range of practice sessions. Yes, they do, but let us be honest; it is hugely variable. That is not really a comfort. It depends which school you go to and which year you are in. I feel that is bland assurance that does not stand up.

Finally, at the end it does not really come out with anything. We have firm Society policy that supports cross-sector experience. I am making no judgement on the accuracy of this motion, which might be considered pejorative, but if it is accurate, it is not good enough. Surely as a professional body we should be standing up and not saying, *Well, it is supposed to be like this...* We should go beyond that and make very clear the guidance that we support cross-sector experience and it is our expectation that cross-sector experience will be carried out. If you are not going to do that, that justifies the absence of cross-sector experience. It is part of the requirement of the training scheme that you have to submit in submitting your plans to become a pre-reg site. We could go a lot further here.

The President: We will note your comments and if you can take it offline.

Dr Sue Ambler, Head of Research & Development: I would like to say that what you have written here is an accurate reflection of the policy. We have changed policy slightly on CSE two and a half years ago. We still encourage it. That is what we have said in the response. I think it is accurate actually. It is not saying it is good or bad; it is a fact.

Mr Graham Phillips: I think this has been covered on the Harrow and Hillingdon Branch [motion]. Actually it is the pharmacist that is the determinant of MURs, although PCTs can suggest. Again, we need to be accurate on what we are saying there. Finally, on the Nottingham Branch at (b) you talk about meeting with MHRA and MPSA. But equally we have meetings with patient groups, and this is ultimately about patients. I think the background should be more patient-focussed than it is.

Ms Deborah Oliver: Can I ask Council members, if you have comments in advance of the meeting you could actually reflect it in the papers?

Mr Graham Phillips: On that point, I thought we had agreed a process that this was going to go to the committees before it came here. This is what we did last year. The Committees were sent the motions to comment upon, and they were dealt with there. So by the time they came to Council, we did not have to have the debate at Council. We seem to have reversed that. I thought that was agreed and I think it would solve the problem.

The President: In future we will ensure that the process is clear.

[Council noted I the motions going forward for debate at the BRM, and agreed ii the circulation to Branches of the background information to motions, with the amendments proposed during the discussion.]

10. Rules of procedure for the Society's Annual General Meeting

In the papers you have C/O5 which gives you the new amended rules.

Chief Executive & Registrar: I hope this is a straightforward item. I would like Averil to talk to this. It is a question of clarification.

Ms Averil Ridgway, Head of Secretariat: This is a matter for clarification. In order to assist the Chairman, there have been questions raised about who can speak at an AGM. This seeks to clarify that anyone can speak at an AGM, as long as the Chairman calls upon them to do so. Persons other than members may attend. They do not register. They are not issued with a voting card. If they wish to speak, the Chairman can let them, but it is at the discretion of the Chairman. The amendment goes on say that if the Chairman chooses to ask someone who is not a member to speak, that person should identify themselves as a non-member. It is a simple clarification.

The President: This is because we have lay members of Council who also attend meetings and we have technician members.

Mr Stephen Acres: I need to understand whether, if I want to speak, I can put my hand up and then the Chairman can allow me to speak or not. Is that the case?

The President: Yes;

Mr John Gentle: Have we not agreed at a previous meeting that all members of Council are honorary members of the Society, and therefore if you are honorary member it does not apply to lay members of Council?

The President: This is updating Council. These rules will be handed out at the AGM. **(Agreed)**

[Council agreed the revised Rules of Procedure for the Annual General Meeting.]

Items 11 and 12 are for noting.

11. Pharmacy 2020: update

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[Council noted the report.]

12. Fit for the Future: drafting education standards update

[Council noted the report.]

(After a short break)

Moved from confidential business

35. Lay member appointments

The President: Welcome back. We are in public business and the item I would like to draw your attention to is item 35, lay member appointments. In your papers you have attached 24A, with two recommendations. I would first like to take statements of interest.

Professor Bob Michell: President, as I said at Officers yesterday, I see a serious conflict of interests between me as a lay member of Council participating in this debate, or even being present in the room, when effectively the lay members of Council are being asked to describe the criteria which would apply if they were minded to re-apply for their jobs. Hence I will leave the chamber until the debate is completed. **(Professor Michell left the chamber)**

Ms Jane Ramsey: I respect that view. Having lived with 15 years of public law under my belt (like a number of other people in this room), I would usually have strong views about declarations of interest and removing yourself from the Council chamber, or wherever. The difficulty I have with this is how the Society may appear, and the Council in particular, to the outside world, if all the lay members who are affected particularly by potential re-appointment or not or process, were to withdraw. That would mean I think seven out of ten. I think that is too large a cohort to be able to feel the Council would comfortably reach a decision, if that number of lay members left. I am not personally affected, as I have only recently been appointed by the Appointments Commission. But I feel concerned about the impact of the Council decision without any of the 70 percent of the lay membership present, if that is what they choose to do (although others may take another decision than Bob). I just want to register my formal discomfort with the possibility that others will leave the chamber and rather leave us denuded as a Council of lay members' input.

The President: In the past, whenever an interest has been declared, people have voluntarily left the chamber.

Mr Douglas Simpson: Standing orders do not require people to leave; just not to take part in the decision-making process.

Ms Marcia Saunders: I will declare an interest in the same way that Bob did. Because of what Jane has said, I will wait until this part of the discussion has finished.

Mr Ray Jobling: I declare an interest and will follow a similar pattern.

Mrs Sylvia Hikins: The same points, similar pattern.

Mr John Hanlon: I will not follow the pattern. Turkeys do vote for Christmas, President. I strongly support what the Chief Executive is trying to do here. I have an interest in this matter. I have a direct pecuniary interest and I share Professor Michell's position and I am leaving the room now too. **(Mr Hanlon left the chamber)**

Professor Stephen Denyer: Professor Michell mentioned that he was uncomfortable about remaining, if we were discussing some of the skills or experience of lay members. I did not see that as being the actual position of this paper, and I would not have thought that necessitated him leaving. He has made his choice, but I would not urge that the others do.

Ms Seema Agha: President, I do make a declaration because I am a lay member that is affected. However, in terms of fair process and Article 6 of the Humans Rights Act, I have a right to be heard. It

is not necessary to leave. In fact, the people affected have a right to be heard and voice what they have to say. It is an issue of huge public interest.

Mr Gerald Alexander: Although I do not have an interest, I would like to remind the Council that ten members of the Society's Council are lay members under the Charter. And under the Charter we have a fiduciary duty for the well running and governing of this organisation. Hence I actually think that perhaps in these circumstances it is regrettable that Professor Michell and Mr Hanlon have left the room. I hope they will be convinced by yourself asking them back into the room in order to take part in this discussion.

Dr Phillida Entwistle: I too have to declare an interest. As you know, I have things I wish to say this afternoon, but I would agree with Seema; it is better we are here than not here.

Mr Douglas Simpson: As a matter of information, President. It is up to you how people participate in the meeting once they declare their interest. They do not have to leave the room at all.

Mrs Lorna Jacobs: I was going to support what Doug has said. In previous situations people have declared an interest. They have then expressed a view, or made a statement. It is then decided appropriately whether they vote. I would say that in this circumstance it is important that the view is heard and debated by as full a group of the Council as possible.

The President: Are there any other lay people who want to say anything?

Mr Alan Kershaw: Everything I want to say has been said, but I concur with what Lorna and Doug have just said.

The President: I believe in consistency. In the past, when people have declared an interest, they have left the room and my tendency is to go for consistency. On this occasion, however, considering that this is an issue where a large number of Council members are affected, fortunately we have a full Council today. I would like to note the interests which have been declared and I would appreciate it if someone would call John and Professor Michell back in, to say that after declaring interests they can remain.

What I intend to do firstly is to take comments from all the lay people, and then they will not take part in any further debate. Then the rest of the Council will discuss the matter and we will then take a vote.

Dr Brian Curwain: Can I make a suggestion? You make the point that the lay members should perhaps make their views known and then take no further part. I was mindful that there may then be matters we bring up, as professional members, which might value input from the specific expertise of some of the lay members for clarification of fact or whatever. Perhaps under those circumstances you would allow points to be made that we might benefit from.

The President: I think we can keep eroding away from the starting position. I hear your comments and note them. Whilst we find John, I will start from my left. Marcia?

Ms Marcia Saunders: I do not wish to comment.

Ms Jane Ramsey: I am a lay member not affected, so I will take part in the full debate.

The President: Although you are not affected directly, the whole issue is about lay people and how they are appointed. So whatever decision is made sets a precedent for the future. Therefore I invite you to speak now.

Ms Jane Ramsey: I am happy to speak now, but on the basis that that does not preclude me from speaking in the rest of the debate, because I do not have any interest to declare. So I can participate as a full Council member.

The President: I think all lay members directly and indirectly have an interest in this matter.

Ms Jane Ramsey: No. With respect, President, my term of office comes to an end after the end of this organisation is proposed. So there is no question of me ever being re-appointed to this organisation for my term of office. So I would want legal advice, with respect, if it is being suggested that I have an interest to declare, because in my opinion I most categorically do not.

The President: Bob, do you want to say anything?

Professor Bob Michell: I did not want to sulk outside and it is nice to be invited back, but I feel the situation is the same. I feel that I must debar myself from commenting in any way on this item.

Mr Alan Kershaw: I am not affected by this immediate decision, so I will be happy to make my comments now. But like, Jane, I want to take part in any further debate, if we carry on.

Mr Ray Jobling: I have declared an interest. No comment.

Mrs Lorna Jacobs: I am in the same position as Alan and Jane.

Mrs Sylvia Hikins: I have declared an interest, as you know. I have actually put an email in everyone's filing tray this morning that I had sent to Jeremy. I made it clear to Jeremy that you would all get a copy of this email. I would you like you to read it, if you have not, because I think it sets the case up, particularly around the flawed process. I do not want to comment about the lay members themselves -- that would be inappropriate -- but I think we should consider the process that did not happen regarding the potential re-appointing of lay members. I will go through this briefly with the Council.

The lay members received a letter on 4 December inviting us for reappointment. On 12 December, there was in fact an agenda item, which does not seem to appear in the minutes which we have approved today, which makes reference to the different members being appointed and elected, and there is a reference to the appointed Council members. It actually states that "*the appointments process will be commencing in the near future*". That was for the meeting on 11 and 12 December. Then there was a complete silence.

Then, on 19 March (the day before Good Friday), we received a letter signed by the Chief Executive that -- certainly as I read it -- I probably did not have the skills required by this Council, and that I would be able to reapply for the position of lay member, should the Council decide that.

The thing that really concerned me was that there had been no attempt at a skills audit whatsoever. Between 4 December and 19 March no-one from the Society had asked me what my skills were, the kind of skills that I practise outside this Council chamber. No-one had even asked me for a CV. So I think in terms of process, this Council needs to think very carefully about what it does.

The President: My information is that following your email, the Chief Executive responded to that email and you got that email.

Mrs Sylvia Hikins: Yes, I did. Of course, I would not make that email public without Jeremy's consent. Basically, the Chief Executive accepted that I had made a number of valid points, and actually took issue on what I said about appraisal. My concern actually was not about appraisal; it was skills audit.

Mr John Hanlon: I have stated my position, President. I have a direct pecuniary interest in this matter. I have come back into the room because I have been requested to do so. I want to leave here as soon as possible. I am extremely uncomfortable sitting here. I have a direct personal interest, as do six other members sitting around this table. It is not right and it is not proper that we should sit here and discuss this.

Dr Phillida Entwistle: As you know, President, I asked to speak to this. For the first time ever I have actually written down on a piece of paper what I was going to say. I did contact the office over Easter before this paper got to me about my concerns about both the practicalities of what was proposed and the risks associated with the proposal. This proposal is now presented as option (ii). I am pleased that some of my concerns have actually been raised in Jeremy's paper, but I would still like to mention

five separate things.

First of all that the risks that he has identified in paragraph 5 certainly were in existence in February this year, if not last December. I wonder, therefore, why this paper has been delayed until now. Through the election process we are starting, we already are losing at least five, maybe nine, members of Council. The possibility of losing over half the Council at any one time is a risk. We know that government timetables are unreliable. We know that the normal recruitment process takes four to six months. We will be facing an undefined period of instability, when what we need most of all is cohesion within the Council.

Secondly we would be creating a new reputational risk in the minds of the members. This delay was unnecessary. It has been caused internally. How can we therefore complain, as we do, about Departmental delays and changes of minds, when we are doing exactly the same thing here?

If Council agrees to option (ii), it will affect the creation of effective Council committees next year, as Jeremy has stated. If meetings are cancelled, as is suggested here, it will create managerial problems. It will inconvenience the external members of our committees and it will raise questions about the credibility of this governing body. The officers also identified resource and communications implications for option (ii). The resource ones are certainly greater than I had expected, and they do exclude the related costs of management time. The communication implication, frankly, I found unattractive and almost offensive and I would discount it.

Finally on the subject of the skills audit. If this was in the mind of the Secretary and Registrar and the officers in January 2007, why was it not actioned last year? Since then, we went through the May 2007 reappointment process. Then we had a clear six months during which Council could have debated the question. It seems now that the Chief Executive and the current officers are agreed on the skills that they are looking for. I wonder therefore what on earth the new process of the skills audit is. It may be that the seven areas of expertise they have identified could, to an extent, be provided by additional co-optees of the committees. Are we planning a new strategy whereby all necessary skills have to be provided in-house? Certainly the value that is added by the external members currently to the Remuneration Committee, the Governance Committee and the Audit Committee is great, and I think that that is greater than the sum of the parts which they offer. So I would be interested to know what alternative ways are envisaged in paragraph 3.5. Because, I repeat, this is not a recent position.

I would caution Council on being steamrollered into making a risky response to a situation of our own making, and from which we can have no guarantee of a beneficial outcome. I suspect that if we go down this road, we will lose the seven members of Council who are the subject of this paper. I therefore suggest that re-appointment should proceed for a period covering at least the remaining period of life of this organisation.

Mr Gerald Alexander: A point order in relation to Dr Entwistle's remark over the officers in 2007 and a point of accuracy. I think I would like to make it known that within the Officers Group we discussed this in the context of the retirement of Professor Michael Schofield. The issue was in that context; it was not in any other context.

The President: I think the records would show that the Secretary and Register, following the Council meeting, sent a letter to the Appointments Panel identifying three skills. That letter is with the new Chief Executive. So Anne Lewis wrote a letter. She identified three skill sets, not one.

Mr Gerald Alexander: But the basis of the discussion was in relation to the potential retirement of Professor Schofield, and I think that needs to be known. It was discussed in that context.

Mr Martin Astbury: As a third person (who was at the time the fourth officer), so far as my recollection of it, it was in relation to the appointment of the lay people going through that process there, and it was not to do with Michael Schofield. That was my recollection.

Mr John Jolley: As the other officer present at that discussion, I confirm what Mr Alexander has said. At no time was there any discussion at the Officers Group regarding the skill set requirements for appointment. It may well be that the Secretary and Registrar chose to include those in her letter, but the only discussion that took place in the Officers meetings was to the replacement of

Professor Michael Schofield.

The President: I think we will leave that point on the table. We will check the accuracy of the minutes and then come back to that point to clarify, because there is no point having a debate about that now. What I would like to do now, having heard from all the lay people... Sorry, Seema. I apologise.

Ms Seema Agha: President, this organisation is regulated by public law and that regulates how public bodies should behave; That is, they discharge their functions legally and do not exceed or abuse their powers. I do believe that the lack of process, the lack of transparency, the lack of fairness and the irrationality in the leading up to the letter of 19th March raises serious concerns about the way that the decision has been arrived at; i.e. a letter effectively sacking the lay members, and then it coming to Council. There are procedural irregularities that a decision has actually been made without it being in the domain of Council.

There are huge implications in terms of the public, and what they will perceive as the *sacking* of lay members and paying lip service to patient interest. Because there has been no consultation process through strategy groups – through Council. In fact, it was a bit of a shock to receive this at Easter and it is rather insulting to have an email and be sacked. That is what governments do: they deliver bad news over the holidays.

We have talked so much about communication around this table. That is not the way a public body communicates with its Council members. Telephone calls are not good enough. Face-to-face discussions and collectivity and accountability is what the hallmark should be of this organisation.

The impact of those proposals does not look at the organisational costs, the delay or the disruption. Members are already aggrieved about fees. There is no organisational benefit. There is no business benefit. There is nothing in what I have seen or heard. And yes, I have an interest, but these are issues that do not convince a mega case for change at this stage.

So I raise the proposal with some suspicion, because there has been no process. The timing of Jeremy's letter on 19th March -- I have addressed you on that. ** The process came; a letter from the President. The recommendations are made unilaterally without consultation, which is what I understand is the practice of the Chairs of Governance.

The skills sets. I have pulled out something from the HPC advertising for lay members: the same criteria we were advised on three years ago. Their criteria for change is: "*You must have enthusiasm for change*". They are not looking for human resource skills. They are looking for the same skill sets as we were. Why can an organisation similar to ourselves, affected by section 60, do it differently? The same with the General Osteopathic Council. They have just advertised on Sunday and they are still looking for the same criteria. So I am suspicious about what underpins the recommendations.

The President: I would now like to invite Jeremy to provide the Council with some background information which is free, I am sure, from emotion.

Mr John Hanlon: President, those of us who do not want to be here, may we leave now?

The President: I would urge you to stay, but if you decide to leave, I will understand.

Mr John Hanlon: I do not feel comfortable. I have heard what colleagues have said, and they are entitled to their opinion. I am sure there are always other ways of doing things. Whatever the position, I have a direct pecuniary interest in this and I feel extremely uncomfortable sitting here and I do want to leave now.

The President: I understand, John. **(Mr Hanlon, Ms Saunders, Mr Jobling and Mrs Hikins left the chamber)**

Mr Gerald Alexander: Could I ask a question, President, related to this paper?

The President: No.

Mr Gerald Alexander: It is a question. It is not a point; it is a question.

The President: I know it is a question. It will come later on. Firstly, I have already said that I am going to invite Jeremy to provide the background information, which is factual.

Chief Executive & Registrar: I would like to do two things, if I may. One is to respond to some of the points Sylvia made in her email or memo, and also that Seema has echoed. Secondly, just to explain a bit about the process, because I think people are a little vexed about the process. The first point is this use of the word *dismissed* or *sacked*. I think Sylvia used the word *dismissed* and you have used the word *sacked*, Seema.

There is absolutely no suggestion that lay members are being sacked or dismissed. Let us be quite clear about this. The term of office is coming to an end. As a Council, we have to decide the most appropriate way to move forward after the end of that term of office. Nobody is being sacked or dismissed, and I would like to think that there was no misunderstanding about that.

The second thing in relation to the comments that Sylvia has made in her email, to which I responded, is that I have been very explicit to the Appointments Commission, and indeed in my letter to lay members (which I think Council has a copy of) in March, that there is no presumption about current lay members' suitability or otherwise in relation to the skill needs of Council.

I would like to put on record my appreciation of the contribution that lay members, the seven lay members whose term of office is coming to an end, have made. There is absolutely no suggestion on my part that the contribution, abilities and experience of those lay members is of any less value now than it has been hitherto, and that is a very high value. The question is not about their performance; it is not an appraisal issue, in the sense of performance. It is about skill needs looking forwards. I want to make it clear that it has nothing to do with the individual's contribution so far, which has been extremely valuable.

The second thing I want to do is just give Council a little bit of background on the process and how we got here. In December, as you know -- and I think you got a copy of this letter as well -- I wrote to the seven lay members concerned and asked if they would like to put their names forward for reappointment. I am still low on the learning curve, but I was perhaps even lower then. It was subsequently pointed out to me that in actual fact, officers had agreed a set of criteria for skill needs on Council and that a letter had been sent to the Appointments Commission at the beginning of 2007 (in January 2007), of which I was unaware when I wrote to the lay members at the beginning of December 2007.

Once it was pointed out to me, I said *Right, okay. Let me understand about this letter that specified three particular skill needs for Council. Did we hear back from the Appointments Commission?* Apparently we did, but the reply had been mislaid, so it took a little while to search for that. In the end, we actually had to ask the Appointments Commission to send us another copy of that. I then thought, in discussion with the President, it would be appropriate to meet with Appointments Commission, because no action seems to have been taken between the early part of 2007 and the end of last year. So we arranged a meeting with the new Chief Executive of the Appointments Commission and one of her senior staff. That meeting happened on 5th March.

I subsequently, on the basis of advice from the Appointment Commission, wrote to seven lay members to tell them that it was possible that Council might decide that it would be appropriate to go to open competition, in order to deliver the skill needs that had been identified both by the officers, in the early part of last year, and subsequently by the President and myself. Those skills needs are given in sections 4.4 and 4.5 on pages 4 and 5 of the papers you have got.

The Appointments Commission was very clear that that was an appropriate process to go through. The fact that I had previously written to the lay members to ask if they wanted their names to be put forward was no bar to an open competition. They would still be entitled to put their names forward in an open competition, just like anybody else. They were very happy to support us in that process. My singular objective here is to ensure that in a unique situation, which is quite unlike the other organisations that Seema referred to, we have the most appropriate mix of skills on Council. If

Council deems that it is not appropriate to go to open competition because of the complications associated with it, then I think, as is suggested in one of the options in the paper, it would be appropriate for us to look at the skill composition of Council, and do a mini audit of that, and find alternative ways of filling the skill gaps. But it seems to me very clear that we have to have those skills available to us.

So I apologise to lay members for the delay between the December and March letters. As I explained, that was to do with establishing our position with the Appointments Commission, but I am confident that the process has been a proper one. I would encourage Council to consider the paper in that light and the skill needs that we have.

The President: Thank you, Jeremy.

Mr John Jolley: On a point of information, President.

The President: Before that, there was a question.

Mr Gerald Alexander: Jeremy has partly answered that. It is like looking at an oil painting; the provenance of a paper. This paper has been presented to Council. I see that clearly the Officers have not discussed it since 2007, would that be right President, apart from yesterday?

The President: That is not true.

Mr Gerald Alexander: In the minutes of the Officers Group, I do not see this issue arising previously. Is that right or wrong?

The President: That is wrong.

Mr Gerald Alexander: Perhaps you can show us the minute later. Can I continue?

The President: Let me just clarify ----

Mr Gerald Alexander: I am asking if you discussed it ---

The President: I know what you are asking.

Mr Gerald Alexander: --- and in whose name is this paper presented.

The President: I must leave the Council with a clear impression of what happened. After the meeting with the Appointments Commissions Chief Executive, the very next day the Officers Group got a full report of the discussions that took place. So I think it is very important that people realise that a discussion took place at Officers level

Mr Gerald Alexander: So this paper that appears as 24A, which arrived half-way through last week (following a letter that was received by the lay members of Council maybe a week earlier), all of us have had no disclosure of all the information from an early stage. It is based on procedure. I am concerned that if the paper was produced -- and I received it last Thursday, because I think Averil emailed all of us to say paper 24a was on its way -- if the lay Council members received their letter from Jeremy the previous Thursday, why did it take a week for all of the Council to see this paper? Why did it not come at an earlier stage with the rest of the papers? That is one question. I have not really finished yet.

The President: Can I take it one question at a time?

Mr Gerald Alexander: You can answer it.

The President: I do not know, because I do not print and post the papers. We will need to ask for help.

Chief Executive & Registrar: I thought it was appropriate and courteous to alert the seven lay

members as soon as possible that the Council might decide this should go to open competition. So that was my priority to get that letter out. Even that, I accept, was not as quick as I would have liked it to have been done. As I say, I have apologised for the interval between December and March, but at least we got that letter out, subsequent to the Appointments Commission meeting and discussion with officers, as quickly as we could.

Subsequent to that, we had to prepare a paper for Council, and we spent some time thinking about the practical implications. Because there are some quite significant hurdles to be overcome, if the Council decides it should go to open competition, because we are out of time for that to happen by the end of May.

Mr Gerald Alexander: The next question I have is that since 11 or 12 December (I cannot remember the exact date when the Council paper was before us), it was clear that the appointments process for lay members -- I think it was to do with the agenda paper where Council members were up for election. On that paper, it said the lay appointments would take place shortly. If the process was put in train at that point in time, why is it that as a Council (when we have met on a number of occasions for strategy days), these points have not been put to us for us to give a preliminary view -- in private business rather than in public business as this is -- to give some form of view? So that you, President, and the Secretary and Registrar -- and I am thinking about the remit, because it is clear in here that you have identified with Jeremy the additional competencies. If you are President of Council, you are doing this in *our* name, but we have not actually had any input into this paper, and I am concerned about process.

Clearly from this point of view, procedure has not taken place that satisfies a public body, and we are a chartered public body. This group of individuals represents the public on this organisation. So why has procedure not been followed in order to consult members of this Council?

The President: As Jeremy said, there was a slight delay between December and March, because some of the information was not available. However, I have to say to you and John that the process was no different from last year, and it has been more open than ever before. Because what used to happen previously is that officers used to discuss the matter with the Secretary and Registrar. The Secretary and Registrar used to consult the Privy Council. If you look at the records, Council has never been involved in such decisions. So that is point one. If you look at historic details, the decisions were made by the President and the officers, so there was custom and practice there, if nothing else.

The second point is that last year, Officers discussed the matter with you and John present there, and I am absolutely confident that the records will show that both of you were present at an officers meeting which decided on the skills sets of the three new Council members. Following that meeting, Ann Lewis faithfully conveyed to the Appointment Panel the decision of the officers. I am quite happy that a copy of the letter can be made available to the Council. So that the process was no different to the time when you were part of Officers Group, Gerald.

Mr Gerald Alexander: If I were to take task with the content of the paper, there is a competency that appears in here which I remember making, and it does not appear in the first bullet point; it appears in the second four bullet points. So as a point of accuracy, I think there is a flaw in the paper.

The President: There might be a flaw in the paper, but this paper has been produced based on historic records. This paper was not written by Jeremy or myself; this was written by staff who dug up old records and referenced it in the new context.

Mr Gerald Alexander: I will come back in the discussion later. These were questions I needed answering, President.

Professor Bob Michell: I did say I did not want to speak to this, but the problem is that when you hear things, you cannot ignore them. So I will say what I am going to say and then, for a second time, I will leave the room -- not as a discourtesy, but already we see the problem.

First of all, I am the lay member who works with Officers Group. I want to make it quite clear that I cannot tell you what the discussion was in January of last year, because my communication at that

point was cut back to emails and telephone calls, because I was nursing my wife in her terminal illness, so I cannot clarify that. But what I could make clear is that, whether it is as a result of senility or something else, I have been a very active member of the Officers Group, though not an officer, this year. I have no recollection of the content of this paper being discussed by the Officers Group, at least at any time that I was there. That is my first comment.

The President: Bob, can I just say ----

Professor Bob Michell: Sorry, I want to make both [comments] and then I will leave the room. My second comment is that clearly Jeremy did not intend anybody to feel that they were being dismissed, but I will tell you on oath that is what I thought the letter meant to me. I will tell you why I thought that, then I will leave the room. The letter came to me as an email, not copied to any other lay member. It also listed, among the high priority bullet points, veterinary medicine, in which I have served for the best part of 30 years, not only on the professional body, but on the regulator and as the regulator's President. It then said: "*I would encourage you to apply, 'should you feel you have the expertise we need'*". To me, it meant quite clearly that I did *not* have the expertise you need. I will now leave.

The President: Bob, can I say for the record that you were not present at the meeting. **(Professor Michell left the room)**

Mr Alan Kershaw: When we go into more substantive points, I will have more things to say, but I want to pick up on the point you have just made and respectfully say that I do not agree that this situation is the same as last year. You said the process was the same last year. It was a different situation last year because at least one of the lay places had to be filled by competition. This time we are faced with a proposal, in the light of the fact that all the members who are eligible to stand again are prepared to stand again, so there is no place which *has* to be filled by competition. That is a policy decision which we have not made. So the situation was different.

Last year Mike Schofield had to stand down. I was uncertain at the time whether I would be able to continue, so I held back until a little later. So I believe the competition went ahead on the basis that they might have to fill two places, but would certainly have to fill one. Lorna was the other and she certainly indicated her willingness to stand. In those circumstances, it was perfectly proper for the Society to indicate to the Appointments Commission the kind of skills that might be appropriate, given what we were certain to be losing. This time we are not certain to be losing any. We do not need to lose any of what we have got. Whether or not that is the right skill set is for perhaps a few moments in the debate. But the situation is different and the process has not been appropriate for the different situation.

Professor Stephen Denyer: I would like to enter the substantive debate now, if that is possible. Jeremy remarked that we have a unique situation of transitional change. It was really quite salutary to listen to Nigel earlier today; a report which was well conceived, where the transition phase and the tight timescale were impressed upon us most seriously. I think that the lay members we currently have been deeply embedded in the process of change that we are undergoing now. That embeddedness means a great deal to me as a Council member, because I know how difficult it has been for me to appreciate the implications of change and the implications of member relationship that is important in that. I think there is a real risk if we seek to create an entirely new cohort of seven lay members. There is a time delay. There is certainly a period of time in which you have to adjust to become consistent and understanding of the working arrangements. And those, of course, are going to be shifting underneath us.

In my mind, the seven features or skills that have been identified are outweighed by this importance of embeddedness and pace and understanding. I feel that these seven skills can be picked up in a variety of other ways (from members of staff, other members of Council and from securing expertise from outside). I really would advocate option (i). I would urge that it be deliberated on very briefly and we arrive at a conclusion.

The President: There is a proposal. Have you a seconder?

Mr Douglas Simpson: I will second that.

The President: All those in favour of option (i)?

Mr John Gentle: Can we call this as a named vote?

The President: Do we have a seconder?

Mrs Cathryn Brown: I second that.

Mr Alan Kershaw: Could I clarify the meaning of (i)? It is only a small point, but presumably the assumption is that it is three years, or until the organisation reforms, whichever is the shorter. That would be the normal process.

The President: That is right.

Ms Jane Ramsey: Now we have moved to a vote, can I say something at the end?

The President: There would be no comment after the vote, because the vote concludes the discussion.

Ms Jane Ramsey: Can I speak on a point of order after the vote?

Mr Gerald Alexander: Can I ask if the officers will be voting?

Mr Andrew Gush: I do not intend to vote.

Mr Gerald Alexander: Could you explain why?

Mr Andrew Gush: Because I have reservations about (i) and (ii) and I cannot resolve the conflict in my mind.

Mr Martin Astbury: I have enormous difficulties in speaking what is actually on my mind here. I have gone on record all my time saying about open competition. It is quite right for the elected Council members. It happens to them every three years. In my opinion, it should be an open competition for lay members. Hopefully they will be in the driving seat when they come for reappointment, because they are already in seat. So when they put their names forward, they will have a better position of actually being re-appointed. So I believe in open competition right across the board, and I have that on record all the time.

However, I feel so intimidated about actually saying and admitting that, because of the whole atmosphere here; because of people with declarations of interest and so on and so forth. But, as people know, I will say my mind and put my heart on the table.

Professor Stephen Denyer: President, I would like to help Martin in his dissection of his anatomy, in that I see a distinction between an elected member who is elected to represent the views of the electorate and lay members who are here in order to serve the public requirement of transparency and engagement with a profession in its exercise of its duties. In that regard, I feel there is a distinction, and I feel there is a great value in the embeddedness of understanding for our next stage of this transition of the Society. So I can see a distinction, Martin, if that helps your haemorrhage at all.

Mr Martin Astbury: I understand what you are saying, but what I feel is that they would have the chance to put their names forward and that, at the same time, you would be looking at a skills audit of what was actually required by the Society. Therefore, they would stand just as much chance of being re-appointed as anybody else.

Mrs Lorna Jacobs: Could we put the motion?

Mr John Gentle: All I would say is in regard to some of the points Seema was making before, about the potential disruption and instability that this might cause at this time. It strikes me that that is just as good an argument for cancelling the elections. Because what we have got this year is three

officers standing down -- one has to -- and it may well be that we have three brand new officers next year. That, to my mind, would cause far greater disruption to the Council if that were to happen than replacing the lay members, valued as some (if not all) of you are, Seema. I disagree with Stephen and take Martin's point of view. There is an analogy here between what is going on between the elected Council members and the lay members. I agree with Martin entirely, that if elected Council members have to go to open competition every three years, there is no reason whatsoever why appointed lay members should not undergo the same process.

Mr Gerald Alexander: Could I ----

The President: You have had your say, Gerald.

Mr Gerald Alexander: I did ask you a question ---

The President: I am sorry. I do not want a question. Somebody else has indicated ----

Mr Gerald Alexander: --- about abstentions, President.

Mrs Dorothy Drury: I have to agree with Martin. I like open competition.

The President: I am going to make my position clear, because this is not something that I arrived at in two minutes. This has been a discussion going on for quite some time. I find it sad to see two of my fellow officers in 2007 who supported a proposal are now, a year later, thinking differently. Having said that, I will make my position ----

Mr Gerald Alexander: I think you should retract that, President. I made no comment as to how I am thinking at the moment, President. I think what you should know is that I was pointing out a point of order as to the accuracy of an event last year.

Ms Jane Ramsey: President, I have not been allowed to speak, although I asked to, and five other people have spoken since you said. The vote has been called and we have to move. I would like my remaining point of order to be answered, either before or after the vote.

The President: My fellow officers have been asked to make their position clear. I will make my position clear. I am 100 percent behind the proposal that was considered with the Chief Executive. It is our duty to make sure that we take action to protect the long-term interests of the Society. In doing that, we did what we have done and brought it before the Council for Council to decide.

We have seen recently that when this Council was formed two or three years ago, there was a big change on the Council. At that time there was no concern expressed about ten new members coming with very little or no experience. There was no concern expressed about a large number of pharmacists coming on the Society. The Council was inexperienced. The majority of Council had less than three years of experience. So let us take that situation first. It has served us well.

So far as the decision now is concerned, the decision was based on the needs of the Society in the coming year, because we are entering a very important phase. I think what I would want to say is that like Martin, nobody was sacked, nobody was asked to leave or anything like that. A term was coming to an end and it is an opportunity to make sure that the future Council had as many skills, which are necessary to guide the profession through a very difficult change. I do not have a vested interest. I will be off the Council very soon, but it was important that we left the Council in the strongest possible state. We will go to the vote

Mr Martin Astbury: Can we have a closed ballot?

Ms Averil Ridgway: President, you cannot have a named vote and a closed ballot.

The President: All those in favour of (i) please show. **(Vote taken ; carried)** So the names of the lay members whose office ends on 21 May will be forwarded to the Appointments Commission for consideration for reappointment for a further three-year term, or, as Alan pointed out, a shorter term, if the life of the organisation comes to an end.

Ms Jane Ramsey: President, as a lay member who is not affected -- because my term of office will not come to an end before the end of this Society as it stands at the moment, so I am not affected personally -- I want to express my view that I am embarrassed, uncomfortable and I thought this was an awful debate and an awful situation. No disrespect to any of the people who have contributed to it, although I would like to take up -- and if I was in the bar tonight I would -- our Vice-President for talking about feeling intimidated in this debate, because I do not believe it. With a student political background, I do not believe for a minute that he found it too difficult. **(Laughter)** But what I also think, as a member (non-executive or lay person) on five other public bodies, [is that] I have never heard any appointment process, or potential reappointment process handled like this. I think it is frankly shameful of the Society and, as I say, deeply embarrassing. I do not think it necessarily bodes well, if we behave today -- or indeed in the production of this report, for whatever reason.

I understand that there have been cock-ups or miscommunications in the past, or whatever the reason is. It is a very poor way to run a brewery. I think we need to learn from this, because I think to badly handle something as critical as transitional arrangements does no bode well for us. I support, for the record, the principle of open competition. I think you look at that in the light of circumstances. If we had been having this debate a year ago, or eight months ago, or even maybe four months ago, I would have had a very different input into this debate. But I think the way it has been handled -- and I think we should learn the lesson from it -- has made it a very uncomfortable, embarrassing and the most unenjoyable meeting I think I have ever been to. That is my point of order, President.

Mr Jonathan Buisson: Here, here. **(Applause)**

The President: I think the discomfort is shared I am sure by Jeremy and myself. I think there has been a change in the circumstances, because before the appointments were made by Privy Council. The process has changed and the appointment is now handled by the Appointments Commission, which is a different process. I think this is the first or second year that we have been dealing with the Appointments Commission. Can we now go to items in public business?

Mr Jonathan Buisson: I thought we were in public business.

(Mr Hanlon, Mrs Hikins, Mr Jobling, Professor Michell and Ms Saunders returned to the meeting)

Ms Averil Ridgway: The Council voted in favour of (i), which is recommending reappointment of the existing lay members. Fifteen for, five against, five abstentions. It was a named vote and that will be published in the minutes.

The President: Thank you.

[Council agreed: I that the names of the lay members whose term of office would end on 21 May 2008 should be submitted to the Appointments Commission for consideration for reappointment for a further three-year term; and ii that a skills audit be undertaken following the completion of Council elections.]

Regulatory matters

13. Pharmacy Regulation and Leadership Oversight Group (PRLOG)

Mrs Christine Gray, Head of Corporate Governance: Thank you, President. I hope it is largely self-explanatory. I think Council will see there has been good progress in some areas, and particularly on obtaining funding for the transition. For example, for separation of the IT systems and records, so that we can get on with those practical issues that need to be addressed quickly, if the transition is going to take place according to the Government's timetable. However, there are other areas where we have not seen progress, and the most significant perhaps is the pension scheme, as you will have seen. So you have the update. I am happy to try and deal with any questions, or I am sure Bernard will also.

The President: We have paper 08 attached.

Mr Graham Phillips: Thank you, President. Page 4/10, number 6. Forgive me if I have missed it,

but I do not think we have seen this critique which is shared with the Society. Most of what I read appears to say when they went away and looked at it, it was extremely good and there was not much to criticise. Unless I have missed it, could someone give a flavour of that critique?

The President: Can I take it later in confidential business?

Mr Graham Phillips: Fine.

Mr John Hanlon: It is about the pension scheme and when PRLOG will actually make some decisions. My view is that the Government has brought this upon the Society as a result of its move to separate the professional and regulatory function and I think Government has to take some responsibility in relation to the pension fund. I think it is important that there should be some statement made by the Government as to what their intention is as to the pension fund.

Mr Bernard Kelly, Director of Finance & Resources: We have tried to press the Department on this issue. They have made suitable noises in terms of wishing to take the matter seriously, but did not feel in a position, without appropriate advice, to make any commitments about the future. We have recently had contact with the Department, where they have asked for certain information as regards the pension scheme which they wish to pass on the Government actuaries, as they believe the actuaries will wish to contact the trustees of the pension fund. Further to that, we have also had a copy of a letter from Ken Jarrold, Chairman of PRLOG, to the trustee of the pension fund which states, from recollection -- and please forgive me if I am not entirely accurate -- that we believe that TUPE will apply to the transfer, and that they believe an essential part of TUPE is comparable pension arrangements. They have apologised for not being able to make any further commitment at this stage, but they hoped the position would clarify itself.

In summary I think what they are saying is that we hope to be in a position to be able to ensure that pension scheme rights of those members who are transferred to GPhC will be maintained.

Mr Andrew Gush: I would like to make a comment. I would like to say I am very content with the progress that has been made in terms of securing transitional cost. It shows and reflects productive dialogue between the Society and the Department of Health.

[Council noted the report.]

14. Recognition of pharmacy prescribers and use of post nominal initials

Dr Peter Wilson: Good afternoon. I do not want to bring this paper. **(Laughter)** I hope it is not going to take too long. We have spent enough time on post nominals for prescribers, in my view, as lead member of staff.

The sequence of events was that following our last discussion of this and the agreement, I communicated with the Department of Health to inform them of what we were doing and also to confirm that, *pharmacist prescriber* being a protected title, the use of the post nominals would effectively be the use of a protected title, and there was nothing wrong with that. They agreed with that, but then they said, "*But you can't have just one*". I have set out the reasons in the paper. It relates to the ability to successfully prosecute a miscreant who makes out that they are a pharmacist prescriber when they are not. It has to be a supplementary or an independent; it cannot just be pharmacist prescriber. So effectively, if we went ahead with a single post nominal, and somebody made themselves out to be a pharmacist prescriber, we would not have the wherewithal to pursue them in law. So I am suggesting to you that we split the post nominal into independent and supplementary. I seek your approval for that. **(Agreed)**

[Council agreed i. that the post nominal to be used by pharmacist prescribers should reflect the prescribing status of the prescriber recorded in the Register of Pharmacists, and ii. that the post nominals for pharmacist supplementary prescribers should be MRPharmS(SPresc) and that for pharmacist independent prescribers MRPharmS(IPresc).]

15. Implementing CPD, 2008-2010

Dr Peter Wilson, Head of Post registration: We are now, as the paper says, nine years into the introduction of continuing professional development and the need to record it in the pharmacy

profession. We have, on a number of occasions, informed the membership in meetings and articles that we will be inviting members to submit their CPD record for review. That process of record review is currently underway on a pilot, with one thousand volunteers. That pilot is entering the third phase in about a month's time and is due to finish in June. We were planning that that would be coincident with the introduction of the CPD rules in September 2008, a date which was agreed with the Department of Health.

We now know that from announcements at PRLOG, and also from communications with the Department of Health, that they intend to delay the introduction of CPD rules in pharmacy until the rules for the GPhC are drafted. It is not clear to me, and I suspect nor to anybody else, if those rules will come into effect on 1 January 2010, or if the GPhC would then have to pick up speed with CPD implementation and implementation of the rules after 1 January 2010. In other words, we would be approaching eleven years, and maybe twelve, since the introduction of CPD to the profession, before we get to the point where the Society has the legal right to ask members to submit their CPD records for review, a review which, I would tell you, is a formative and supportive process.

So without any on-going framework from September of this year there are risks that the Society will be running with CPD. I have set those out in the paper and will not go through them in detail, as I know you have read it. What I have put in the paper is a suggestion that we can utilise the Code of Ethics, which is quite firm and clear on the recording of CPD, and we can use the declaration that members currently make when they pay their retention fee each year, to invite members to submit their CPD records and resume ... **(Inaudible)** and to ask them, as they do now, to complete the declaration annually with the retention fee, that they have met the Society's CPD requirements in the previous year, and with the passage of time, as with people who have not behaved properly with the practising/non-practising declaration, gradually to increase the regulatory pressure, if Council so agrees, on those who refuse to participate in the CPD scheme.

That is what the paper is about. There are some recommendations in the paper for you to adopt. But I would emphasise to you that the recommendations include further work on what we would expect from registrants' CPD records, that work to be carried out by the revalidation advisory group, which has the correct skills set, between now and the Council meeting in October. Thank you.

The President: Thank you, Peter. Before I take any comment, there are a number of things I want to say. The Society has invested significantly in promoting the recording of CPD over the last four years, and we have always adopted a supportive and facilitative approach with publicity, branch meetings and facilitators. We know that most pharmacists and registered pharmacy technicians are engaged in CPD, but not enough are maintaining CPD records, despite the fact that keeping a CPD record is a requirement of the Code of Ethics. Now we are working with Department of Health on the introduction of revalidation, this increases the importance of doing all we can to encourage all practising pharmacists and registered pharmacy technicians to actually keep a record.

When members hear that the CPD rules and education rules are to be delayed until at least 2010, there is a danger some will stop recording, and those who are delaying until they absolutely have to, will still do nothing. We need to keep encouraging members, but also start to be assertive about professional obligations in the Code of Ethics.

I would urge every pharmacist to ensure that they continue to maintain records until 2010 and beyond, and urge others to make sure that they record their CPD activity. I think if they need additional help or clarification, the Society is willing to provide them with further information if they need in England, Scotland and Wales. So with that, I will ask the Vice-President to make a comment.

Mr Martin Astbury: I totally support what you are saying, President; that all members should be completing CPD and recording it. I believe that all members at the moment are completing CPD. Whether they are all recording it is still debatable, but we actively encourage them to do so. However, I would not encourage us to go forward at this time with anything other than recommendation (i). I believe we should not be pursuing and taking forward this pseudo way of making it compulsory. The rules have not come into place, therefore we cannot take forward this next part of the regulatory role that we were going to take forward. I believe therefore that that should be, as PRLOG has suggested, left for GPhC to take forward. They suggested at that time they will be looking at best models for future practice regarding CPD, so they might not even take forward the model we have got here. So I

think it would be wrong for us to be taking this forward in this way.

There is another reason why it would be wrong for us to take this forward. That is because the role the professional body will have in relation to CPD, which is to support CPD, would be very different from this role that the regulator will be doing. I do not want us to be starting up a system, or pursuing a system, whereby people are getting confused as to whether this is a new part of the new professional body. So I would urge everyone to agree to recommendation (i), that we encourage people to be doing their CPD via the Code of Ethics which is there, but I would urge you not to support the other recommendations.

Ms Seema Agha: Forgive me if I am not reading this well, but as a professional member myself, I see CPD as being quite a straightforward process. When you read this kind of paper, it feels overly complex. Whether it is just that we manage it more simply; we keep a training record and have it reviewed every six weeks. So it is reviewed by whoever is line managing you, whether you are keeping your CPD. We have a 16 point system on an annual basis. We make a declarations before our practising certificate is renewed. We see the process. It never occupies my mind. We just do it as a rollover process. It just feels tortuous. If I was a professional member reading this, I would be feeling like I am missing something out.

The President: Can I make it clear? A lot of our pharmacy members are self-employed and they do not have a line manager. All we can do is encourage and support them at this stage.

Ms Seema Agha: Perhaps through devolved leadership there can be a semi or mentoring process, which is part of a mentoring contract. It could be to look at that. There are different ways of managing that process more simply and reviewing that process and having opportunities.

Dr Peter Wilson: A point of information. My understanding is that you have to do that as a requirement of the Law Society.

Ms Seema Agha: That is right.

Dr Peter Wilson: There is no enforceable requirement from the Society that pharmacists should maintain CPD records and provide it. That is what CPD rules were going to provide. That is what I am suggesting we should seek under the Code of Ethics.

Ms Seema Agha: Paragraph 3.5, in italics, the requirement to give consent for review of the records. By making a declaration, implicitly if you are in breach of that -- I do not see it as necessary to seek consent. It seems heavy-handed. A regulator's approach should be light touch. If I read that, I would feel worried about having to give written consent. It is implicit in giving that declaration or undertaking. It is supposed to be a supportive process.

Mr Gerald Alexander: My first question relates to the view of the Education Committee. I do not really find the view of the Education Committee here, so I would like to know what that view is. My second point is that in 2.6 it is clear the Department of Health has made it clear that we should not be going too far with this. I am inclined to agree both with what yourself, President, and the Vice-President has said, in the implication of this. In which case, what Seema has just said under 3.5 tends to create some difficulty. So a little bit of concern. Also a little bit of a concern, looking at the paper and how it is numbered. If you look at the recommendations, you have (i) to (v) and then (vi) to (x), and they are the same recommendations. When we are talking of (vi), are we talking of (i)?

Ms Averil Ridgway: I apologise for that.

Mr Gerald Alexander: I would like to know what the view of the Education Committee is, as it is very helpful to sit here as a member of Council to find out the view of one of implementation committees. Second, why are we bucking the trend in relation to what the Department of Health has suggested?

Mr Graham Phillips: I am not aware that this has come to the Education Committee. Am I right, Peter?

Dr Peter Wilson: You are absolutely right, Graham. It is a policy paper and therefore it comes

straight to Council.

Mr Gerald Alexander: Do you not think it should have been discussed?

Mr Graham Phillips: Absolutely. I do. It is in common with so many other points I have made that, yet again, the Education Committee is not consulted. It comes straight to Council. We could have had that a debate there very helpfully.

Mr Gerald Alexander: I would have liked your view.

Mr Graham Phillips: I can give a personal view, but yet again, Education Committee -- which could have been used for exactly things like this -- has not been, and it is a continuing pattern.

Dr Peter Wilson: I do not see this as an education matter. It is a registration issue. The proposals concern the registration process. I am not therefore part of what I would understand to be the remit of the Education Committee. In fact, the last time CPD was discussed on behalf of Council, it was actually a working party which was established by Council specifically to talk about CPD recording; it was not referred to the Education Committee.

The President: What I want to say is that in some areas where we are process heavy, and in some we are process light and lessons will be learned to improve the system.

Mr Graham Phillips: That was not my substantial point. That was in answer to a question. Actually, despite what I have just said, I am in support of this paper. I think this is not about rules; this is about professionalism and I think as a profession we need to demonstrate that. I accept it would be useful to have the legal underpinning, but I think it is something we should crack on with. It is something we have discussed in this profession for a long time. It is something which the vast majority of the profession is already doing. It is something in which we have made some investment and further investment. It is inevitable. I think not to progress would (a) probably disappoint members, because when you talk to members this is the kind of thing they want, and (b) they want the support that goes with it. I do believe that as we start to form our professional body, the whole move towards CPD, revalidation and all that is what goes with it, if we falter now, we falter in that process. Also so many of the profession are already actively involved and are committed to it. It would be the wrong message to the profession, and it would also be the wrong message to the public. I am therefore supportive of the paper and the points in it.

I would add one additional point, as I always do, which is around communication. You know what I am going to say, so I am not going to say it.

Mr John Jolley: I am totally supportive of the concept of CPD. I believe it is the right way to go. It is certainly necessary that we clearly demonstrate to everybody the level of professionalism that we currently adopt. However, I am not in favour of over-regulating our members. We know that our members are concerned by the level of regulation which is being imposed upon them. I am also a professional member of two other professional bodies which operate very good CPD systems. They work on a voluntary basis and they work on a voluntary basis purely and simply because members can see the value of what they are doing. I do not believe we need to big stick, but I certainly believe that we should be promoting the use of this system.

Mrs Sue Kilby: I have similar views to John over this whole issue. I have concerns that we are coming up with a system of statements as to how we should go forward when we have not had the results back from the pilot. I would be interested to see what the results from the pilot are before we make recommendations that people have actually got to sign declarations on their return statement. I have several concerns about that. First of all, probably a lot of people are doing CPD but are not necessarily recording it on the appropriate forms at this point in time. In fact, we do not even know if the appropriate forms are necessarily the right way of recording it, and whether it makes you a better pharmacist by recording it, or whether it is by doing the actual CPD. That is why I have slight concerns about the recording and signing the declaration.

My second concern is that if people sign declarations, is anybody actually signing it and doing it? In some cases you will have done, because it is part of the Code of Ethics. Or will we be running into

problems, like driving offences that we ran into a little while ago? Can we actually manage it all? Will people be refusing to sign things because they have not completed their CPD? Will this have a knock-on effect that people will drop off the register, as it will be the final straw and they will decide that they are not going to sign the declaration form and pay next year's fees because they have not filled in all the necessary paperwork? But actually they are probably perfectly good pharmacists, because they have actually done CPD. I think there are a lot of issues that need to be answered before we agree to all the items.

The President: I would like to invite Dr Ambler to respond to that as acting head of registration.

Dr Sue Ambler: I think people are signing the declaration, and I think it is, as Peter said, already a Code of Ethics compulsory thing, that they are doing CPD. If people are signing, and the Code of Ethics refers to recording it as well, I think we are getting into quite difficult territory with the conversation.

Mrs Sue Kilby: Exactly. That is why I have concerns. I would like see the feedback from the pilot from the people who have come back on how they have recorded and how good they have actually been before we commit ourselves to this.

Dr Peter Wilson: The purpose of the pilot is to test the administrative systems and the review systems for calling records in, reviewing them and providing members with feedback on the review of their CPD record. The pilot is not a test of a CPD system which the Society has had for well over four years now.

Mr Jonathan Buisson: I find it very difficult to be in this position. The Department of Health put us here. We have been asking for mandatory CPD for, as you say, almost nine years. It remains almost mandatory and this is an attempt to make it even more *almost mandatory*. But as the Vice-President has correctly pointed out, we are torn in a tension between a regulatory desire to have mandatory CPD and a professional desire to be a bit more supportive and light touch, and not to be ground round with big sticks. But, as Graham has pointed out, we need to take the high moral ground here. If we are going to be a professional leadership body. We have to say *Guys, CPD is what you have to do, like it or not*.

Mr Stephen Acres: I would like to reflect the point that both Graham and Jonathan made on professionalism. If people want to be considered professionals, they have to behave like professionals, and that includes doing CPD. But I am a little concerned about how big a lever we use to get them there. I think the key is in trying to define how we operate that lever. I know -- because I have personally been involved -- that CPPE have run some workshops with pharmacy technicians where they have had quite a gentle introduction to CPD, and that seems to have allayed the fears with a lot of people. I wonder if there is more the Society can do to help people move towards recording their CPD.

The President: We keep discussing this year after year after year. I cannot remember how many times I have written letters and taken initiatives to encourage more members to record CPD. Those who are interested in professionalism have already started to record their work. But at the end of the table there are people who I think are going to need stiffer action from somewhere to record their CPD. I do not see or hear enough discussion about what a modern professional pharmacist is and should be doing in the profession. I think we have done quite a lot from the Society, and I agree with you; we could do more (particularly through local branches and the Boards), but we need to identify those action points. It is very easy to say *Do more*, but in what specific area would you like the Society to do more? If you have any suggestions, may I ask you to forward those suggestions to Peter, so that it can be considered appropriately and action taken?

Mr Stephen Acres: Before we move on, I wonder if Peter could give us an indication of how many people are currently undertaking CPD.

Dr Peter Wilson: The paper lists the number of people who have logged into and made entry on the CPD website. At the end of the pilot, we may be able to make assessment of the number of people keeping records at home, because we are asking them to volunteer. The worrying statistic is the mean or median figure of the number of CPD entries each registrant has made on the website. I say

to you here that I know the statistics; I do not know who is doing what. That is the pact with the membership. We have -- and I think it was on Private RX actually -- one lucky punter who has done over 500 CPD entries on the website and one wonders about the quality of them. We have a tail longer than the River Thames of the number of people who have done only one. That is why I have said in the paper that the position the Society is currently in with CPD recording is not a sustainable one. It is why I am suggesting to you that, in addition to the supportive formative work the Society has done for its registrants and its members with CPD, that we also start to apply a little bit of regulation. There is no regulation there at the moment. There is no guidance for members of how many entries they should make a year and so forth. I think for those who are going to wait until they have to do it, I am asking you to make decision to do it. The other thing is that the members have expressed concerns about the views of the Department of Health. I have been extremely honest about the views of the Department of Health. We are not going to be talking about the critique of the section 60 order in public business, but it is the critique of the section 60 order that drives this paper.

Mr John Gentle: I am concerned. John was talking about light touch regulation before, and we were talking earlier on today about the non-referral of cases through Infringements, where essentially what we have done is to try and reduce the burden, or administrative burden, of regulation on a lot of minor cases. That does not fit right with recommendation (iii) here, where we are talking about this declaration. It seems to me what Peter is saying, and it says in the paper, about the number of people who have made only one entry, I strongly suspect that many of those have made that entry on local branch training days, and regional training days, of which there have been dozens up and down the country. Let us say half of these people have made one entry, we are looking at two out of three of the register are not complying with the recommendations that we are making at the moment. It seems to me that stiffening up regulation is not the way to go. We need to look at carrots here, not sticks. We are obviously failing to get the message across. We really need to change the approach.

Dave did some work in the north east with the region and the branches up here, asking them who was and who was not doing CPD, and I believe they were truly honest -- those who were not doing CPD -- but the figures were frightening. I think it was over 60 percent of the branches who were not. We are looking at criminalising two-thirds of the register for doing something -- a paperwork, admin thing -- because I think it is generally acknowledged that most pharmacists are doing some form of CPD; it is the recording that is the problem. I have serious concerns that this will be seen as the last dying throes of a regulator before it divests itself off to the GPhC.

Mrs Leslie Morgan: Perhaps I should have declared an interest at the beginning, seeing as I support CPD from my work base. That is a large chunk of the work that we do at CPP. We support people on a one-to-one basis. So there is a lot of work there that could be shared. We find people are doing CPD. We do not find they are recording it. They do find the recording system very difficult and onerous, but we are encouraging them to use the online system and we take that out to them. I suspect some of John's one entries have come from Wales as well. We need to encourage them even more and make it a bit firmer. I do have some concerns about if we push it now and it changes, what happens then, and the confusion that could cause, but I would not advocate changing the declaration and that concerns me a little bit. But please work more with the CPPs. I think we can do it that way.

Professor Bob Michell: I think there is no doubt the public expect that there is a proper system of accountable CPD, because that is what people think would be going on. The veterinary experience with this is similar, except it began earlier. Around about the early 1980s the RCVS tried to introduce voluntary assurance of CPD -- loads of people were doing CPD. If they had not been, you would not have seen the huge progress in small animal surgery, for example, that has happened. But to produce the assurance, the veterinary profession started moving towards record cards and so on. Actually, this is an example of even in this day and age smoke and mirrors regulation can work. There are record cards. People do keep their records up. They are called in at random. If you are investigated with a view to a disciplinary hearing, then your record card certainly comes in, and failure to do CPD may be relevant to what happens next. So that is the veterinary situation. There are no powers. It is still smoke and mirrors.

I cast your minds back to how this all begins. It all begins with five volumes on preventing another Shipman from Dame Janet. I remind you of the single section of Dame Janet's report where she came closest to written apoplexy. It was the GMC's failure to grasp the issue of revalidation in the

sense of re-demonstration of competence. On that, she crucified the GMC.

I wonder what Dame Janet would feel if the Department of Health's contribution to patient safety is to actually delay to 2010 the first efforts to do anything serious about CPD. I wonder what she would feel about that. Another lesson from Dame Janet was that she also castigated the GMC for not doing what it should be doing, simply because it did not have the explicit powers.

For this reason, I am with what Graham has said. My view is that you do need to crack on with it. I think there is a very positive reason to crack on with it, which is this. It is what it says: it is *continuing* professional development. It is about how your members want to see their profession developing in the long-term. Can I say the veterinary position with CPD now is that people sail over the minimum requirement bar with ease; there is an appetite for it.

Now, if you leave it to GPhC, the danger is that you will be screwed to a system very narrowly attached to revalidatory requirements. Now CPD has a contribution to make to revalidation, but it covers many other things which are not relevant to revalidation. So I think it is important that you do tackle CPD now and to take the long-term view which should be this, and I have said this in Council before. One day, when there is an effective and compulsory systems of revalidation, CPD will be none of the business of the GPhC, because the GPhC's requirement will be for re-demonstration of competence. In my view, at that point how pharmacists achieve that, in terms of CPD, will be up to them. It is like saying to athletes that you are going prescribe how they train; the issue is how they perform. That is down the track, but I say do not lose your grip on CPD just because the Department of Health does not want the GPhC to address it until some time in 2010 -- who know. Address it now.

The President: Thank you, Bob. I think one of the points that needs to come out is the purpose of CPD. It is loosing sight of why there is CPD. It is a quality assurance measure, and I think all responsible pharmacists are taking action to not only to do CPD, but also record it. In my view, MURs present an excellent opportunity for each community pharmacist to record what they are doing.

Mrs Margaret Allan: Just listening to what has been said, I fully endorse that we as a body should be supporting CPD in its entirety. However, I do resist us using more of a stick to beat people to do CPD. I strongly believe this is a fantastic opportunity for us as a body to start showing how we would perform as a professional leadership body, and how we would then support these people to enable them to do worthwhile CPD. I do not think bringing in another stick will do us any favours. We should be starting to show that we can move away from this and that we are going to be the people who are going to help them to facilitate good quality CPD.

Dr Brian Curwain: Margaret has just about said it for me. I would also endorse what John Gentle said. It is support that we want to concentrate on now.

The President: We are talking of leadership. There is already a group of people who are, in my view, showing excellent leadership. We are very fortunate that we have a BPSA representative here today. May I ask you to tell us what the BPSA is doing to encourage its young pharmacists to take CPD?

Mr James Davies, Secretary General, BPSA: The BPSA at the moment offer services to our members. They can take part in a CPD programme, which is completely voluntary. You do not have to take part, but a significant number of our members do. They attain five points throughout the year by attending different events which we have accredited. They fill in a reflection form at the end of each of those events that gets submitted to us. At the end of that, we issue them with a certificate saying *You have undertaken CPD and you have reflected on your learning and your practice*. That gives them something tangible; a certificate, to say *I have actually done it*. We reflect on the forms that they give to us and it gives them some idea of whether what they are doing is actually right and that they are heading in the right direction. I think what student members want is some idea that what they are doing is right, and it is along the right lines. That is something where we do not issue enforcement, but it is something we give them direction on. That is how we run our service.
(Applause)

Mrs Sylvia Hikins: Picking up on that, as a member of the Society's Accreditation Panel, I wanted to point out that one of our accreditation criteria is the necessity of having CPD in the syllabus and

schools of pharmacy have indeed taken it seriously. The students themselves end their MPharm having a very full understanding of the requirement for CPD, and they are skilled at practising it. I think we have to show leadership to those younger pharmacists that are coming out into the profession that CPD is already part of their working life. I agree that we need carrots and I suspect that as well as support, we need some kind of nurturing and hand-holding and we need to find those members who need additional support in getting CPD off the ground.

The other point I would make is that my daughter is a registered speech therapist. In her profession she has compulsory CPD, but she has time -- I think it is about three or four hours per month as part of her work day -- to complete her CPD. I am wondering if pharmacists enjoyed that kind of freedom, whether they would sit in front of their computers and do it.

Mr John Gentle: A question on item (iii), before we go to a vote on it. If we make that declaration change and a pharmacist does not fill it in, what would happen to them and what powers would the Society have to deal with them?

The President: Peter, do you want to answer that? I was going to suggest to Council that there appeared to be quite a bit of support around the table for encouraging pharmacists and supporting them in the best way we can, which meant that if you look at (i) and (ii), those are the encouraging and supporting measures which would help pharmacists to achieve good and high quality CPD.

So what I was hoping to do was persuade Council for (i) and (ii) and perhaps leave (iii), (iv) and (v) until a later time, then come back in due course. Also, to agree, a fortified communications strategy so pharmacists in all sectors of the pharmacy profession are able to engage with us. So with that, can I suggest that the Council ----

Mr John Jolley: President, before we put it to the vote, can I ask what is meant in the motion by "supplemented by regulatory encouragement"?

Mr Graham Phillips: The carrot and the stick, basically. That is the stick.

Dr Peter Wilson: What the President is suggesting is the regulatory encouragement. It is in recommendation (iii) that members are reminded of their obligations under the Code of Ethics to maintain CPD record. I proposed in this paper a way of implementing that. To answer John's question, what I am suggesting is that it is possible to take a staged approach over three to four years to implementing the requirements on signing declarations and submitting a CPD record when asked. I am not proposing -- and if you read the paper you would realise it -- as from 2009 we should start taking people to Disciplinary Committee or doing administrative erasures of people who fail to stick to the rules. But at some point the profession is going to get there. So a degree of regulatory enhancement is actually covered in point (v) of the recommendations. If you agree to the proposals in the paper, then the revalidation advisory group should do that work and suggest what is appropriate for the profession. I am not suggesting that for you this afternoon.

Mr John Jolley: In the light of what has been said, certainly the second part of the first motion is inappropriate, given views expressed around the table. I would gladly support that motion, were we to delete "supplemented by regulatory encouragement".

The President: I think that is the general spirit of the discussion. If Council is agreeable to that, can we agree the words "supplemented by regulatory encouragement" is deleted from (i) **(Agreed)** Now the amended recommendations. Does Council agree to support (i)? **(Agreed)** (ii)? **(Agreed)**

Mr Martin Astbury: Only with the caveat that this is not going to be used as a tool to develop new sticks. That is what is already happening and what is already down in the Code of Ethics. We are just reiterating what is already there.

The President: Vice-President, I think we have agreed to "support and facilitated CPD" and I think that says everything. So are (i) and (ii) agreed? **(Agreed)** Can we agree that (iii), (iv) and (v) are left on table the table until a future debate? **(Agreed)**

Mrs Margaret Allan: Following on from what I was saying, I do not fully disagree with (iv), if we are

putting it in a way that we are encouraging rather than requiring people to submit their CPD record, so that review and feedback -- because I think that could be quite important to prepare people to know if their CPD records are appropriate and of quality. But they need to think it is voluntary and supportive, rather than we are going to tell them they have got to do it.

The President: If you are to use the Code of Ethics as a mechanism to ensure that pharmacists do some CPD, then what is the harm in requiring those pharmacists to make their records available? How else are we going to check whether a CPD record has been maintained or not? I would prefer to leave it as it is. We are leaving (iii), (iv) and (v) on the table.

Mrs Lorna Jacobs: Until when are we leaving them on the table?

The President: Until the Council feels it needs revisiting.

Mrs Lorna Jacobs: Do you set a time limit, or a time for it to come back?

The President: In that case, we can vote against it, but the danger is that if you vote against it, we cannot bring it back to Council.

Mrs Lorna Jacobs: We can we say a point at which we want it to come back.

Dr Peter Wilson: It is my intention to bring the results of the pilot study to Council, and you may wish to review these points, in light of that discussion.

The President: Is that agreed?

Mr Gerald Alexander: Can I make a suggestion? I did ask about that Education Committee. Clearly these are matters relating to education of pharmacists. I know it is a policy matter and it comes to Council, but we do have an Education Committee; it has an agenda. Is it not reasonable for these points to be put on the agenda with the papers for the Education Committee to pursue in depth these issues. Then it can come back to Council, and it is entirely reasonable that we can get a view from Education Committee, because we have members of Council on that Committee. We have heads of schools and a group of individuals probably better placed than those of us, I am sorry to say -- they will give a better view. I think if you get the view from the Education Committee, it will be very helpful for us to make decisions. I propose that it goes to the Education Committee.

Ms Seema Agha: I second that.

The President: I know you have a seconder. I would like to invite Dr Ambler to clarify.

Dr Sue Ambler: I understand that CPD is about education in terms of content and all those things, but this paper and what is being asked of Council are registration decisions. I think in terms of sub-delegation, you are in a very difficult position. I also think that the statements about CPD being voluntary are very unhelpful; it is not. It is in the Code of Ethics, and that Code means something. It is not something we should be saying it is okay not to do it.

Mrs Cathryn Brown: I am feeling terrible for Peter, because his paper has just been savaged. We have ended up agreeing to do what we already do, and not to do anything extra. CPD has been a professional obligation since when, the beginning of 2005? And we are saying *Well, we don't want ask people for records just in case they aren't keeping any yet?* We need to sort this out.

The President: That is why I was saying the requirement should be there.

Mrs Cathryn Brown: That is what (iii), (iv) and (v) are about. Instead of just asking people to say that they *will*, ask them to say that they *have*.

The President: All those in favour of (iii)? **(Vote taken: lost)** So (iii) is not carried. All those in favour of (iv), please show. **(Vote taken: carried)** Then (v), CPD standards and processes. All those in favour, please show. **(Vote taken: carried)** Graham, I know you are going to say something about communications. We have agreed to go over the communications strategy to get the messages

across and emphasis would be on the supportive and facilitative way in which the Society is going to help members.

Mr Graham Phillips: You are quite right, but that was not the only point I was going to make. We have had a pretty dysfunctional and confused discussion. The reason for that is precisely because it did not go to the appropriate committee that could have discussed it, would have owned it and come back with a rounded piece of work that everybody would have understood. To suggest that because it was discussed by Education and then comes to Council for a final decision, which it would do, it is inappropriate sub-delegation, which I reject entirely.

The President: You can reject it, but I do not think the outcome would have been that different.

Mr Graham Phillips: I think you would find it would.

Mr Martin Astbury: I register my dissent on (iv) and (v).

The President: It is five-to-six. We have one or two items we can take. Colleagues, may I have your attention.

[Council agreed i. that the Society should continue to take a predominantly supportive and facilitative approach to the introduction of CPD; ii. that the requirement for practising pharmacists and registered pharmacy technicians to maintain a CPD record will be based on the Code of Ethics until the CPD rules are made; iii. that following the current pilot of CPD record review all practising members and registrants would be required to submit their CPD record for review if asked to do so by the Society; and iv. that CPD standards and processes to support and manage members and registrants who do not meet the CPD requirement should be considered by the Revalidation Advisory Group and brought to Council in October 2008 for agreement.]

16. Staged payment of retention fees: amendment to registration rules

Mr Andrew Gush: Shall we finish on a quick and good news note, if we can? In item 13, I used the word *content*. Now we are on item 16, I will say that I am *delighted*. I am delighted to report that we are making real progress towards staged payments. We realise this is something members have wanted for some time, and I am pleased to be able to report that the Department of Health is working with us to produce legislation to enable us to do this.

The rule amendments approved by Council have been provided to the Department of Health legal team. The redrafted rules offer greater flexibility, enabling the frequency of staged payments to be varied, and the service to cover practising and non-practising members. We have been advised that a new consultation covering staged payments is unnecessary, as last year's fees consultation has proved sufficient. It is anticipated that the rules will come into force on 1st June, allowing staged payments to commence for the next fees collection.

I would like to thank Sue Ambler, Christine Gray and her team for preparing the paper. I would make a few quick comments on (i), (ii), (iii) and (iv) before I ask you to approve them.

(i) These draft rules are clearly stated in appendix 1. (ii) This delegated authority will ensure that the process meets the projected timeline. (iii) This is simply a contingency in the unlikely event of section 60 Order 1B being delayed. (iv) This re-configured schedule is cost-effective to the Society and will be more cost-effective to members than the initially suggested schedule, which contained an advance element of payment. I would ask you to approve (i), (ii), (iii) and (iv).

Mr Jonathan Buisson: Can I speak against (iv)? I am not against scheduled payment, but the members made it pretty clear that they did not want January. That came across loud and clear during the consultation on the fees. And I note that the development costs of circa £8,000 are in the region of 15p per member. Are we a members backed organisation that listens or not?

Mr Andrew Gush: Could I answer that, please? We are certainly a member-focussed organisation which listens. Initially it was suggested that we would have to do an 'in advance' payment, and the initial payment would be asked at the end of November. Members said that they did not want a prepayment, but we had to have some payment at the beginning of the year to meet some legislative requirements. So we have listened and we have set the first payment at the latest possible date to

allow this to go forward. So yes, you are right; we should be a listening organisation, and hopefully we are demonstrating that.

The President: Are we agreed? **(Agreed)** With that, I would like to close the meeting. It has been a difficult day, but we made progress in some areas.

[Council **approved** in principle i. the draft Royal Pharmaceutical Society of Great Britain Registration (Amendment) Rules 2008, as detailed in Appendix 1; **authorised** ii. the Society's Officers to sign and make the rules upon their receipt from and as agreed by the Department of Health, subject to there being no substantive changes; **agreed** iii. to make changes to the Pharmacy Technicians (Voluntary Registration) Protocol 2006, as detailed; and iv. that fees for staged payments would be collected in January, April, July, and October of each year.]

The President closed the public business of the Council, to be resumed the following day.