

Transcript of the Public session of the Council meeting held on Tuesday 3 February 2009 at 1 Lambeth High Street, London, SE1 7JN.

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

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

Present

| | |
|--------------------|--------------------|
| President | Mr S Churton |
| Vice-President | Mr M Astbury |
| Treasurer | Mr A Gush |
| Mr S Acres | Ms S Agha |
| Mr G Alexander | Mrs M Allan |
| Professor N Barber | Mrs K Blair |
| Mrs C Brown | Mr David Carter |
| Dr B Curwain | Mrs D Drury |
| Dr C Duggan | Dr P Entwistle |
| Mr J Gentle | Mrs S Hikins |
| Mrs L Jacobs | Mr J Jolley |
| Mr A Kershaw | Mrs S Kilby |
| Ms A Moore | Ms M Saunders |
| Mr D Simpson | Professor K Wilson |

In attendance

Mrs B Taylor, Chairman of the English Pharmacy Board and Mr M Donovan, Chairman of the Welsh Pharmacy Board
Mr Jeremy Holmes, Chief Executive & Registrar

Mr Steve Churton, The President: Good afternoon, everybody. Could I welcome people to the public business section of Council. First of all, can I extend a warm welcome to our newest Council member, Kay Blair, lay member of Council. Kay is a trained business journalist who started her career in the Financial Times and has been running her own communications consultancy for about 20 years now. Key areas of Kay's career which relate to pharmacy are as follows. She conducted a strategic and operational review into the Scottish Pharmaceutical General Council. She is a non-executive director NHS24 and served as a lay member on the Scottish Steering Group for the White Paper "Trust, Assurance and Safety". Kay is also a member of the Financial Services Authority. Look forward to your contribution.

1. Apologies for absence

Absence apologies received from Yvonne Liddell, David Thomson, Professor Michell, Ray Jobling and Sandra Melville. I think everybody else is here; so well done, to get through the snow etc.

2. Declaration of interests

Can I just remind Council members to declare interests at the beginning of their relevant items.

3. Welcome to guests

First of all I would like to welcome guests to the Council Meeting this afternoon, who are I think all sitting to my right. First of all, David Evans; welcome, David. David has both hospital and community pharmacy experience and is currently working to provide consultancy services into the NHS, health-related companies, and to the pharmaceutical industry. He has a specific interest in developing a range of community pharmacy services, and the

introduction of new medicines into the NHS. David is also Chair of the Anglia region of the Society. Welcome, David.

Andrew Hersom: Andrew is R & D Quality and Compliance Manager for Reckitt Benckiser. He was made a Fellow of the Society in 2000. Today he is representing the Hull and District Branch where he is Secretary.

David Morgan: David is a Regional Immunisation Co-ordinator for the National Public Health Service in Wales. He is also Chairman of the College of Pharmacy Practice, Vice Chairman of Pharmacy Support, formerly known as the Benevolent Fund, and Secretary of the Clwyd Branch of the Society. Welcome, David.

Ian Simpson also joining us today from the College of Pharmacy Practice where he is the Chief Executive. Ian was a fellow member of the Trans Com team and is taking a strong interest in the development of the new professional leadership body for pharmacy.

Last but not least, James Davies; welcome, James. James graduated from Bath University in 2008. Leicester Hospital, selected to work as a locum in community pharmacy, and to focus on the role of President of the BPSA – and I might add a very good President he is too. James lists his interests and hobbies that he enjoys “cooking (and eating)”.

4. Minutes of the public business part of the meetings of Council held on 2 and 3 December 2008

Can I ask Council to confirm that this is an accurate record of the discussions and decisions taken on that day? (**Agreed**).

[Council resolved that the minutes of the public business parts of the meetings held on 2 and 3 December 2008 be received and agreed as a correct record.]

5. Matters arising from the public business part of the minutes not specifically included in the agenda

Matters arising; none notified.

Professional leadership matters

6. New professional body for pharmacy: Prospectus

Moving then on to Item 6 on the agenda which is Paper 1 – new professional body for pharmacy: prospectus. Maybe I could just start off by asking Nigel to give us a brief overview and recap on what we talked about earlier today and then we will move to adopt.

Mr Nigel Clarke: Thank you. Just to remind Council that the responses to the publication of the prospectus at the end of November called for replies by 9th January. Those replies came in; there were 1,348 respondents, the vast majority of whom made positive remarks and Council will have a summary of those responses.

I would say overall that there were three key points that came from it. First is that there was a sense amongst the profession that it was time to get on with the proposals (*inaudible*) consultation. They were particularly anxious to see a strong leadership body that was acting to promote pharmacy with the media and Government, and also locally, and advocacy would be a key part of that. There were three principal concerns. The first concerns fee levels; pharmacists anxious that the total fee payable for the new professional body and new regulatory arrangements should be no more than they are paying now. They were concerned about issues relating to the relationship between the professional body and regulator, and lack of clarity for example on who could use the title “pharmacist”. Those are fundamental issues that need to be resolved and understood by people communicating properly over the course of this year. They were as part of that extremely anxious that the new body would be effective and efficient, especially in the way that it communicated with the profession, and in the way that it responded to what its members wanted.

Overall I would say that the principal things that came from this were to do with people wanting more detail, all of which will need to emerge from the work of the Transitional Working Group and its work streams over the course of the coming months. There will be a very important need as a result to communicate effectively with the profession, and to involve them in that. That was also a key finding.

Finally, pharmacists are particularly concerned to understand more about the Local Practice Forum arrangements, and to play their part in how those are formed. That will be a crucial piece of work over the Transitional Working Group career.

All in all I did not detect from these results any particular reason why the prospectus itself should be amended, and accordingly could not recommend that there were amendments to it to Council, and would suggest therefore that Council considers adoption of the prospectus as it was written, allowing for commentary thus far to be taken properly into account by the Transitional Working Groups.

The President: Thank you, Nigel. Opportunity for any Council members to say anything at this point.

Dr Catherine Duggan: I suppose I am going to be reiterating one of the comments I made earlier, but I just wanted to say it so that it is open business, and that is the goodwill and engagement that was ensured through Trans Com in the development of the prospectus. I would encourage the Transitional Working Groups to capitalise on that so that the members themselves feel engaged with, involved with it, and then can be advocates for the new professional body for us. It follows on from communications that you raised, Nigel, but I think it is a point that should be raised, and also should be a key strategic aim for the Transitional Working Groups.

Mr Nigel Clarke: Could I just respond to that. It is a very good point, Catherine, and I am absolutely committed, and I know the rest of TWG is absolutely committed to continuing that approach of openness and transparency that was established very successfully by Trans Com. Two examples of that are, first of all, the TWG website, the home page for which will be up by Friday, shortly to be followed by a functionality that will be very similar to what Trans Com used to allow people to engage with the work that the work streams are pursuing; but also the stakeholder meeting that we are having on 24th February. We want to ensure that all the stakeholders are involved in Trans Com, and more, have input to those work streams. So that is going to be a very interactive day. We are not going to be just telling people, but seeking their input.

Mr Andrew Gush, Treasurer: As a member of TransCom and as Chair of one of the sub-committees, after studying the feedback and listening to Nigel's commentary today, I am satisfied that the prospectus should not be amended in any way, and I would encourage my colleagues to adopt it fully.

The President: Thank you, Andrew.

Mr Gerald Alexander: I do not really know whether I should repeat what I said this morning, but I suppose it is a good idea to put it all on record, because we had a Committee session this morning and we were able to listen to Nigel's presentation, which I thank him for this morning and this afternoon.

Issues of leadership and vision, the idea of having this come back at one strong, clear, united public voice that the new profession will need to adopt, and be authoritative in the role of education and continuing learning. I think we can all agree that. The issue is, how do you effect leadership? Leadership I think is based on mutual respect. There are other voices within pharmacy out there, and I will name them: the NPA, PSNC, the Guild of Healthcare Pharmacists, and the National Prescribing Centre, to name just a few, and others who have indicated they wish to join in with the new professional body.

But what is required is a form of collaborative working in order that those local forums can be effective so that if we are going to be talking with a clearer single voice, that will need to be delivered. The new professional body for pharmacy prospectus is aspirational. If you just look through it the language says, "It will do this, it will do that". We understand that is what is intended, but there is a need to deliver on these aspirations. Those aspirations need to be delivered, and I think even while the Royal Pharmaceutical Society is the Royal Pharmaceutical Society, and it is the old professional body, it will need to actually demonstrate to members that it is changing, there have been changes, and if we can illustrate your example, President, of the most recent Pharmaceutical Journal article or letter that you have written in relation to work stress, that is demonstrating that there are areas that we are covering – not necessarily trade union areas, but we are taking concerns forward that pharmacists have.

So we do need to actually try and work with others, collaborate. So those are essential areas.

We also need – the body needs to be perceived in such a way that the Assembly – I am going to go on to the Assembly – what is the Assembly? Or what is not the Assembly? The Assembly is not the Council of the Royal Pharmaceutical Society, and it needs to be promulgated to the profession that the new Assembly is not necessarily the Council of the Royal Pharmaceutical Society. The National Boards, as they will be constituted at the Pharmacy Boards, will actually take over the work of the professional body. I think we need to define to the membership – and Jeremy mentioned earlier in his suggesting a five-minute guide; I think one of the issues that needs to be highlighted in the five-minute guide is the Assembly, what it is not.

I have described it – and I might be wrong – as a Board of General Purposes. I am quite happy to discuss that with others, but I think it deals with governance issues. So I think the profession needs to know what the Assembly is not, and I think that is a very important area.

The issue of the terms of "pharmacist" and "MRPharmS" need to be highlighted because of the change in the legislation through the draft Section 60 Order, the 2009 Section 60 Order, that the word "pharmacist" will be a protected title, but "MRPharmS" I think members need to know that it is not automatically connected to the restricted title "pharmacist" any longer, and that will be associated with the professional body.

Also, the area of communications. There needs to be a thread that we have in common. There is less that separates us than binds us. So I think we need to actually allow the profession to understand what their expectations are. They must not be too great, but we will try and deliver as best we can.

I am trying to think have I missed anything else out. The only other areas were: Year 1 - I hope members will give the professional body an opportunity, give it a chance; and Year 2 – presumably it will be looking at its retention fees, and looking at value for money services, and networking on a local level. If we can demonstrate as a professional body that local support is enabling and it will help members, then we hope that at this stage it is still aspirational, that the body will look different in 18 months time.

So I agree with Nigel that we need to work on local issues.

The other area I did mention, and I think it was a bit of a clanger in the prospectus, the area of the issue of the combined fees of the professional body and the General Pharmaceutical Council. I am concerned that if we have got it wrong I think we should apologise at this stage, because I think potentially fees are an area that we really have no control of as far as the General Pharmaceutical Council is concerned; but we can try and balance the professional body fees to an affordable level, and that is all I can suggest at this stage. Thank you.

The President: On the last point, Gerald, I do not think we have got it wrong. It is an aspiration that we have long held, and I think we will do our best to deliver on that promise.

Mr Gerald Alexander: I hope that is the case, but there are many issues that need to be bottomed out before we can actually say that; but hopefully that comes to fruition.

The President: Okay. Nigel, can I just ask you to comment on the Assembly, picking up Gerald's view concerning what it is not and what it is.

Mr Nigel Clarke: Yes. The Assembly is there to determine overall strategy and to determine budgets. Gerald is entirely right that the operational hubs of the new professional body would be at National Board level, very much reflecting the world in which pharmacists work. As far as the overall issues we discussed earlier, while Assembly members may be nominated by particular National Boards, when they arrive at the Assembly they will be there as Assembly members, not as representatives of particular geographies.

Mr Douglas Simpson: We have been hearing about the number of bodies that are in pharmacy of a representative nature – the National Pharmacy Association, the PSNC, the Guild of Hospital Pharmacists and that kind of thing. There is only one body that represents pharmacists as pharmacists, and that is the Royal Pharmaceutical Society of Great Britain. It has been a force for good in the pharmacy profession since its very foundation. In fact, it has spun off from (inaudible) bodies like the National Pharmacy Association from which spun off the Pharmaceutical Services Negotiating Committee, and other bodies which have spun off have been the College of Pharmacy Practice. It is a brilliant publisher. It has got worldwide recognition as a brilliant publisher. We often forget about publishing when we talk about what the Society does.

It has done a lot of very, very good things – conferences, journals, libraries, museum collections. It is unthinkable that it should not exist in the future. It is unthinkable that it should not be the basis of the professional body in the future.

I am often accused of being a bit emotional. Well, I declare an interest; I have got several to declare really. I worked for the Society for 34 years, I have been on the Council for six, and I am a member of the Pension Fund. So I have been committed to this body for the whole of my working life. But a very important point we had this morning from the presentation on marketing about the way that we should sell the new professional body - because it is going to be voluntary and it has to be sold, and that is a big step that we have got to overcome – is to link into people on an emotional level. This is not for making emotional speeches, it is linking into the heart and soul of pharmacists. It links into the word "society". We are a society. Unfortunately our sociologist is not present at the moment, otherwise he would probably tell me I was completely wrong; but "society" means that it is a social body that we are talking about. It is a body which is for pharmacists, but you feel as a pharmacist that you want to belong to it. Often when you meet someone, one of the first questions we ask as pharmacists are, "Are you a pharmacist?" If they say, "Yes", you feel a fellow person, someone that understands you, understands where you are coming from, understands your training, understands the job you are trying to do.

I am a bit disappointed that the consultation exercise we have just had has not come up with any changes to the prospectus, because there is an awful lot that is very good in the prospectus, and a lot of it which you just could not possibly disagree with in terms of the kind of services that are going to be offered. You could not possibly take exception to any of it. But I did pick up from the slides that we had as Council members that there might have been some reservations about the categories of membership. Really I do have serious reservations about categories of membership, particularly in relation to non-pharmacist membership like pharmaceutical scientists.

I am quite happy for some sort of associate membership for that kind of thing, but I am not happy that it should be in a sense regarded as full members of the Society. I know the prospectus does not use the word "full membership", it does not in fact distinguish between categories of membership, but there is a category of membership for pharmacists and former pharmacists, and another category of membership for scientists. I firmly believe that if that category is included – and bearing in mind the membership in a poll conducted by (inaudible) did not want this category of membership – I think it could seriously prejudice the chances of

us making that emotional link between pharmacists and the Society to ensure that they continue with their membership. I just think it muddies the waters.

If we are going to vote on the prospectus today, I would vote for it as a framework but I would want to register reservations on membership categories, and hope that this can be resolved through Charter changes and that sort of thing – which is a very important step – and I do still have reservations about the Assembly. I have heard all the discussion we have had today, but we are going to have a very powerful Executive in the middle of the Society with a President, Vice President, and Chief Executive, and this needs to be counter-balanced by a powerful institution at the centre of the Society.

It is more than just strategy and budgets. The General Pharmaceutical Council will be operating on a UK-wide basis. Standards are going to be set on a UK-wide basis. I just do not see how we are going to easily fulfil this big role of being the other side of the equation with regulation and representation if we are organised on a national basis. I know it is very important to have National Bodies, I do not decry them at all because our biggest customer, the National Health Service, is organised nationally and it is very important we have people at the local level who are really attuned to national issues, know what all the Boards are called, know who is on them, know the people. That is vitally important in the political sense; but I am still unconvinced about the structure of the Assembly at a national level. I think it should be more elected members that the members can directly elect. It is one of the few privileges that Society members have got at the moment, to be able to elect the Council. It is a very important privilege. A lot of us are sitting here because of that privilege, and a lot of us are not sitting here because of that privilege, because for one reason or another the members have not approved of what we have done.

So if we are moving to a situation now where you are asking us to approve the prospectus as a framework for going forward, I am saying that I will happily approve it for a framework going forward but with those two important reservations in terms of membership and in terms of the construction of the Assembly.

The President: Thank you very much.

Mrs Sue Kilby: I would like to make a number of comments. First of all, I think the thing is, it is a framework going forward. It is not expected to be a detailed document. We have the opportunity to amend, and the future new professional body can amend according to the needs of the organisation. So we cannot have everything laid down in stone at the moment.

I think we have spent too long actually arguing about the structure of it, and what is and what is not in it. I would actually like to see some actual services and try and deliver something which is what the members want, and we can raise our profile and be seen to be leaders.

On that subject, I would hope – and I am sure the Trans Working Group will do it – is we need to be engaging with people who are not currently members, but I would expect and hope will be members in the future. I am talking about students, and about pre-registration. I think they should be actively involved in all stages of the development of the organisation going forward. They are the future of our profession, and I do not think we have involved them enough perhaps in the decision. I know that James and his team at the BPSA have done an excellent job in providing workshops and going out to the BPSA members, but I think we have to be very much aware that we are still involving them, although they are not officially members at this current point in time.

There is debate and argument over pharmaceutical science. I personally have no issue about pharmaceutical scientists being members of the organisation, and I believe that they will bring a lot to the future organisation. We have people who are working in industry side by side with pharmacists who are there, and we also have people working in academia. My only reservation is about the question of who is that pharmaceutical scientist on the Assembly, and providing that could also be a pharmacist, I then do not have an issue about it.

The President: Thank you, Sue.

Professor Nick Barber: Doug says it is unthinkable that we do not become the body that represents pharmacy. It is entirely thinkable; that is why we are doing all this work.

Secondly, instead of Nigel's presentation this morning, I went through the full presentation on the website yesterday. I did not see any real evidence that there are issues about categories of membership, or the Assembly structure. So on the basis of that analysis, I would support the acceptance of the prospectus.

The President: Thank you, Nick. I think we have heard those Council members who have strong views. So what I am going to do now is to read out very carefully this proposal and ask Council to adopt:

"Council is asked to adopt the Prospectus for the new professional body for pharmacy published in November 2008 as the framework for the design and establishment of the new professional body, subject to any unforeseen circumstances of a legal or fiduciary nature which would require additional or alternative actions to those originally envisaged to be taken to achieve the high level objectives set out in the Prospectus."

Can I please ask Council to adopt? **(Agreed)** Thank you very much.

Mr Douglas Simpson: Can we vote, please, President? I would like to see a vote, please. **(Vote taken: In favour 23, Against 1, Abstentions 1).**

The President: Thank you very much. Thank you very much, Nigel.

[Council adopted the Prospectus for the new professional body for pharmacy published in November 2008 as the framework for the design and establishment of the new professional body, subject to any unforeseen circumstances of a legal or fiduciary nature which would require additional or alternative actions to those originally envisaged to be taken to achieve the high-level objectives set out in the Prospectus.

Mr Douglas Simpson: I am sorry, I should have said this earlier. I did record some reservations about the prospectus and voted against it. Under the Code of Conduct I am required to state that I reserve my right to oppose particular aspects of the prospectus in public while explaining Council policy at the same time. I just wanted to put it on the record.

The President: Yes, we need that for the record.

7. Transitional Working Group Report

The President: The next item on the agenda is Item 7 which is Paper 2 in your pack. Howard is going to take us through the paper. Although Howard will take us through the update sheet that is in your pack, if there are any detailed work stream specific questions, could I ask that those are directed to the work stream leader, otherwise we will get bogged down in detail today. So if we can keep it at the level which is in the pack, that would be really good.

Mr Howard Duff, Director for England: Two things to discuss today: one is the review of the report, and the other is to ask Council to agree to changing the remit or the format of the Transitional Working Group.

In terms of the report, it is designed as a quick visual, easily digestible consolidation of the activity that is going on. In public business we have seven work streams represented. It is based on the monthly programme reporting, a report from the October Council, which is the one that instigated the Transitional Working Group, that there was concern from Council about the burdens on staff of producing a lot of reports. I said at the time there would be a programme reporting process, of which this is the first manifestation; but I feel I want to go through it with you.

I think those of you from a corporate background will probably recognise this kind of format, but others may not. So just to take you through what we are looking at, it is the colour table. Can everyone see that? The grey blocks are the work streams, and each work stream has the current known projects within that work stream listed below it. There is a brief description there, just to bring it to mind, what the work streams are and what each of the projects beneath that are going to achieve. Then in the right-hand column we have the RAG status – the red/amber/green. So this is where it is a very quick visual reference for you, so you can see immediately where things are. So red is not good – that is where the project or programme is off track; amber is where we are at risk of going off track; and green is where we are on track. By “on track” in terms of this programme we are talking timescales predominantly. It is not about finances or the (inaudible) that may happen. It is about keeping to timetables. That is our major constraint.

Just to mention professional networking. You can see there it has my name as the work stream leader; it is the third grey band. It is overall green. The one project we are actually at, at the moment, is green. That is around the creation of local practice forums. The other projects are currently blue because they are not technically started yet.

So you will see that all of the other work streams have a colour code against them.

Generally speaking, the ambers are where we are awaiting confirmation or awaiting personnel for those particular roles. There is one relating to CRM systems, customer relationship management, which occurs both in marketing and IT; there are two sides to it. I think by the next report you will see that will turn green because the activity that was holding that back as amber has been resolved.

Any other questions?

Mrs Sylvia Hikins: Given that the message you said was “Get on with it”, and at the moment we have actually got 7,000 pharmacists who are on our Register who are a captive audience and still part of us, are you planning on getting some of these services that have been identified by the members such as help lines, advocacy and so on off the ground while we are still the RPSGB, so that in a sense the members can get a taste and an understanding of what those services are going to be for them in the professional body when we split, and therefore they think, “Yes, I like this service and I’m staying with it, I’m joining the professional body”?

Mr Howard Duff: Absolutely. We have got a twelve-month opportunity to start delivering those services, and part of the communications marketing stream will be informing membership of those services and what is different, so reinforcing the delivery in fact with the communication message.

Mrs Sylvia Hikins: Will they go live? That was my point.

Mr Howard Duff: They will, yes. We are not saving everything up for a big grand opening; absolutely not.

Mrs Sue Kilby: I have two points. First of all, how is it proposed to keep Council members who have expressed an interest in these areas actively involved? That is my No 1 question. Because we had a number of work streams put through to us before Christmas, we sent some comments back, and we have not really heard anything since then.

Mr Howard Duff: Well, the predominant method to update Council is through the Transitional Working Group, but we have the ability to use Council members as part of the special contributions where we sought and have used the expertise of Council to update the briefs that we started with. I think you are talking about an ongoing process, are you not?

Mrs Sue Kilby: Yes.

Mr Howard Duff: Well, as part of the engagement process we have three stakeholders, obviously Council are part of that, and we will be providing messages out as we go, and David has a regularly changing message that he will be creating.

Mrs Sue Kilby: Because we are sitting here as ambassadors, and if you can engage us in being involved in the projects then we can actually go out and sell it to the members that we come in contact with. Plus the fact is that we can obviously sometimes add some expertise to those areas because we have a whole range of skills, not just sitting on Council, skills to get here in the first place and be Council members, which may be of benefit to these projects.

The second thing that interests me also is the fact that there appears to be some overlap in some of the projects. I know the way they have been split down, but when I look at things like education, that could go across a number of different work streams because, for example, local practice forum, whereas that has been set up, that could be used as a way of ensuring that educational training gets out to the members, or they are actively involved. But also you have the education work stream. So while some of us may not have expressed a specific interest in that one particular area initially, because of our other commitments and interests within the Council we would also be interested in being involved, or certainly kept very much informed, about what is happening within those areas as well; because as Chair of Education I need to know what is happening as far as education is concerned. Certainly sitting next to me, my Council member brought it to my attention that one of the things that the committee members wanted was more information about the professional aspects of education within the committee meeting.

So there is an overlap, and you do need to be sensitive to that and ensure that the appropriate people are kept informed on an active way and engagement in those areas.

Mr Howard Duff: I understand your point. By and large the big lumps of work, the work streams, have derived from the prospectus, the bubbles(?) in the bubble diagram, and they are not naturally coherent, but there is no better way of cutting it up. We are very aware of the inter-dependencies, and the one you mentioned about education is quite clear because what I have to deliver, which is a network of local practice forums, one of the things we deliver is education. So we are very aware of that. But that is the advantage we have of taking it as a programme approach rather than an individual approach. We are very much part of a whole, and are intending to remain cohesive and inter-relating.

Mrs Sue Kilby: Yes, and in fact marketing links across everything. You cannot develop services and then hand it over to marketing. You have to have marketing developed side by side with what you are doing. Really as Council members we are there from the strategic perspective rather than all the details.

The President: I think that is right. I think it is well understood that these work streams are going to be a major expansion; there is going to be cross-reference between them all. I think it is a really important point you make about keeping Council members involved. At the end of the day Council members are Council, responsible for this organisation. I think Council members will vary in terms of their ability in terms of time commitment to get actively involved, but at the very least we should keep people informed, and we will do so in the best way that we can do. Clearly there will be regular formal updates at Council meetings of this nature. The TWG website will be the most accessible and visible way of keeping informed in terms of progress of various work streams, and it is through those routes and others we will keep people informed in the way they want to be informed.

Dr Brian Curwain: Howard, thank you for this report; it is very helpful. I just wanted to clarify the status of the ambers, and I am making the assumption at this stage that there are not any ambers here that are worrying to yourself and the other work stream leaders; that is all.

Mr Howard Duff: No, there are no worrying ambers. There are some issues which we have not got clarification about yet. It is like some of them the car has started, we have got on the journey, but we are not quite in fourth gear yet.

Mrs Lorna Jacobs: Following on from Sylvia's point about getting some of these processes up and running. I was just noticing under "Professional Network" to get things going ahead of the de-merger that there are three of those things which are not yet started. How soon are you expecting to get those started? Because I kind of assumed the sooner the better really.

Mr Howard Duff: Yes, absolutely. The project that is green started in January, the next one will be February, then March, then April. So it is one a month is how they will be delivered. It is very difficult to prioritise them, but clearly the local practice forum is the one that will have the most visible impact on the membership out there, and probably will take the most organising. So that is clearly the priority. With mentoring it may be easier to get that off the shelf because there is the existence of a mentoring scheme within the UKCPA, for example, that we could tap into, tap into that process or expertise. You physically cannot start everything at once.

Mrs Lorna Jacobs: No; but they will be being started soon.

Mr Howard Duff: Absolutely.

Dr Catherine Duggan: Declaration of interest, Chair of UKCPA and also a member of the TWG. I just wanted to make some comments that I think are implicit in the working of TWG that might help members of Council, or actually try to engage members of Council where they may have expertise.

There is an awful lot to deliver here, and it comes back under my engagement theme, which is soon to become a rant probably, whereby there is an awful lot of expertise that exists outside this room and exists within this room, and we need to be aware of that and to network effectively, even though it is a networking process. I think by engaging in networking that shows a new way of working, if you like. That implies there is change afoot, and people can see that. In addition, people would then feel ownership over what is being developed, they would then be able to see that their ideas have informed the new professional body etc, and the work streams are really being set up with a view to have input where possible, input where appropriate.

In previous discussions we have heard that we are a profession that often waits to be asked, and I think it might be incumbent upon all of us as members of Council to proactively ask if we or people that we know might be involved, because Howard's task is just one programme of work with the local practice forums. Now, who is to say what they are? We might know what they are not, but we do not know exactly what they are, and they need to be locally developed. Who is local? Howard cannot be everywhere all at once. We have got devolution to consider, we have also got different parts of each of the countries to consider, so we need to actively engage with our members, people that we know on the ground who are doing good things and things that we can model, and make sure that their voices are heard. By doing that, that is new, that is engagement. Those people feel involved, they feel brought in if you like, and it is a very cost effective, cost efficient, member facing way of moving forward.

I think there are lots of examples of where things are working, but I would encourage everybody on Council to feel able to contribute to any of the work streams, and you will understand that the staff here are busying themselves with the detail. That does not mean that because they do not come and ask us specifically that we cannot make an active contribution that would be welcomed. I know that I go on and on and on about lots of different networks that I am engaged with, and I do know that it is taken on board gratefully.

Mr Jeremy Holmes, Chief Executive & Registrar: Can I just say I really encourage Council members, if they are harvesting ideas and opinions from the profession, to feed those into the work stream leaders. It is no coincidence that we have given all the work stream leaders names on this table, and I would be very appreciative of Council members making direct contact with those work stream leaders. If they have a specific point that they want to make or they have specific feedback from the profession, that would be useful.

Mr Douglas Simpson: On the local arrangements, I think it is important that where branches are – I know you talked about hard to get it going. Where branches do exist I think it is probably best to try and leave them in place and build round them, rather than sort of like, bit like the Iraqi army, it all kind of disbanded when we really thought they could become useful later on. It would be best to leave things like the branches alone and try and build round them and develop them. I declare an interest as Chairman of the Bromley(?) Branch.

Interesting about the publications – again I ought to declare an interest as working for another publisher in the field – but can you give us any clue about what is going to happen to the P J? Is it too soon to say this? Because something like that is a big, important element in selling the new professional body, or the continuing Society, to the voluntary membership. So how far have we got with that kind of thing on special publications?

Mr Jeremy Holmes: It is a good question, thank you, Doug. Maybe I can address that. Council members will remember that Colin Morrison, the Chairman of RPS Publishing, came to talk to Council a little while ago, and it is very clear that the professional body will need a very high quality publication. We are working on the inter-relationship between P J as it is now and what the world post de-merger will look like in terms of publications; but there is no doubt that members of the professional body should receive a high quality publication, and we are working on the strategy for that.

Mr John Jolley: Howard, I must compliment you on the very good presentation of all the activities going on, key to the success, because without the added value which you are going to be able to clearly demonstrate with these various work streams, we are not going to be able to encourage membership when the time comes.

My one question to you, however, is how cross-sectoral are these work streams? Are they across all sectors of pharmacy, or are you working within particular areas? Because really unless we have added value components for all pharmacists working in all sectors, we are not really going to engage with them sufficiently to encourage them to become members. So it is a horrendous job, but nevertheless I would be interested in how you are tackling that.

Mr Howard Duff: Well, I do not think I have a suitable answer. All I can say is that it is very key to the whole operation that we have members in mind. That is where we are coming from, and the numbers of members is clearly very important to us going forward.

In terms of applying it to particular areas, that would vary from work stream to work stream. I can speak in detail about the local practice forums where from my point of view there is an ideal local practice forum which is based around higher education institutions, it has an existing very successful branch, and there is an industrial site locally that provides an added spice to it. It is very difficult to say how each area will apply across all sectors.

The President: I think, if I may say, it is going to be a process of evolution. I do take the point, I am sure Howard does as well. I think the stakeholder group associated with each of these work streams, which is detailed in the groups, does cover a whole breadth of different sectors from which contributions will be drawn to delivering on that work stream. So we are rather hopeful that we will get all perspectives in terms of shaping the outputs from those work streams.

Mr John Jolley: Quite clearly I am concerned by having sufficient to interest members who are maybe working within industrial practice, but I am also equally concerned about other minorities, for example prison pharmacists, psychiatric pharmacists – not significant in numbers, but I do feel that we need to have an engagement process, and whatever help that we can give you in running these, we should be able to at least engage with those minority groups at an early stage so that when it comes to it we have something for everybody to want to join the new professional body.

The President: Yes, good point. Thank you.

Anything else on this particular item, or are we happy to move on? I would just like to acknowledge the support also of Stephen Coggins(?) who is sitting at the back very quietly. Thank you, Stephen; and thank you very much, Howard.

I have just had pointed out – thanks, Jeremy – that the Council paper does ask for Council's approval to agree for further individuals to be co-opted onto the TWG as required, at the discretion of the Chair. What we are finding here is that from time to time we will need to bring some expertise into the TWG for specific pieces of work, so if we can have your agreement on that, I would be grateful. **(Agreed)**

[Council (i) noted the report, and (ii) agreed that further individuals could be co-opted onto the TWG as required, at the discretion of the Chairman.]

8. Consultation on proposed Charter amendments

The President: Moving on to the next item, Item 8, Paper 3 – Consultation on proposed Charter amendments.

Ms Michele Savage, adviser on Professional Body Governance: Good afternoon, Council. I would like to seek Council's approval on the proposed Charter changes, and agreement that we go out to consult the membership.

The paper you have got has been built on the discussions we have already had over the past couple of months on the proposed Charter changes, and I hope that in the paper I have managed to encompass wishes of the Council in the proposed Charter changes, and that we will be in a position by the end of the session to agree with that and to consult with the membership.

In addition to the Charter amendments it is important the Council agree in the early part of the session that the PLB continues as a chartered body, and in the paper you have in front of you I have outlined the advantages and disadvantages of remaining so.

There is quite a lot in there. I have gone through the route that we need to go through, and outlined the advantages and disadvantages; and at this stage is there anything anybody would like me to explain, or are we happy to move to ---- ?

The President: Just for clarification, Michele is referring to Section 3 of the paper. She lays out there advantages and disadvantages of dissolution. The recommendation is that the PLB should be a chartered body, and that the RPSGB Charter should be amended. Anybody want to comment on this section?

Mr Douglas Simpson: Just a tiny thing. I agree we should not dissolve, we should continue with the Charter; but apropos of what I said earlier, under 3.4 it refers to, "This could give a clear signal that the PLB represented a break with the past". This is something which causes me great concern, as if somehow the past is all bad. It is not all bad. What is happening is the Society is dropping regulation, regulation is being taken away from the Society – not because it did it badly, but because that is the way the Government wants it to be nowadays. But the other part of the Society, the professional association side of the Society, will carry on, be modified, be developed, be built on. So actually it is not a break with the past, it is a continuance, and it is a jolly good thing too. That is talking about the question of being dissolved or not. I have got other things to say about other parts of the paper. I think it is an excellent paper by the way.

Mrs Alison Moore: I was wondering why we are suddenly being asked now. Questions have been raised ages ago about whether it should continue to be a chartered body or not, and we were told consistently throughout the whole process, "Yes, that's the only sensible option, we should continue to be a chartered body." Now, when it is really too late to do anything other than be a chartered body, we have a paper giving us the options. I am not suggesting that we do anything other than stay as we are, but it just seems to be a very strange time to be asked the question.

The President: Let me try and answer that one, because I asked for it to go into the paper. I thought it was very important that the membership knew and had it in public business what the pros and cons were, and that we actually got it on the record that we considered that. That is why it is in the paper at this stage. To be absolutely clear, that we are actually about to confirm that we should remain a chartered body, to get it on the record, because discussions hitherto, I think I am right in saying, have been in committee session or strategy days. So it is important.

Mrs Alison Moore: I have never seen it set out like this before. It would have been nice to have seen it a lot earlier.

The President: Well, we are where we are now.

Mr Gerald Alexander: I would like to confirm that I would like to see the Society and a professional leadership body in the future continue as a chartered body, and that we can knock into touch such thoughts of not being a chartered body because there has been some discussion in the Press over this over some months, and it is good for Council to give a clear lead as to where the organisation is going and how it is changing. So I would like to support that.

It talks about, under 3 and 3.1, Articles 12 and 13. That is really being dealt with under 5 later on, and I do not know whether you would allow me to talk to potential Charter changes through the Special Resolution, because it mentions it there; but I can stop, if you will allow me to come back. I would be very happy to do so.

The other thing is just purely the issue of the object within the Charter, under 2, what is being deleted. When Robert Bulling did come and talk to us some time ago he did talk to us about saying by deleting "within the object of the Society hereinafter referred to as 'the object' shall be within the context of the public benefit", it is suggested that this is deleted.

The President: I am sorry, can I stop you? Can you come back to that?

Mr Gerald Alexander: Yes, so there are two points.

The President: Two points; that is fine.

Ms Michele Savage: Can I just come in on that. What we are talking about in this part is what is in the Charter now, and then we go on to Charter amendments. What we are referring to about the dissolution of the Society at this stage is what is in the Charter now and what you can do under the Charter, and the rest is about what the amended Charter should be.

Mr Gerald Alexander: Fine. I will come to those points later.

The President: That is fine. Any more on this particular point?

Mrs Lorna Jacobs: I just want to say that I welcome the fact that actually the advantages and disadvantages are being put into public business. I think it is quite important that, firstly, all Council members understand where we are, but I also think it is very important that the Society members understand why we are going down this route, and that it is clear and transparent. So thank you for ensuring it is in the paper.

Mr Alan Kershaw: I think I have said before that these are not primarily things for lay members to comment on, but as far as the public image of an organisation is concerned, there are vast advantages in being a body existing under Royal Charter, and to argue otherwise is slightly (*inaudible*). I admire very much the passion of the Bromley Revolutionary Front, and I would much rather see this in terms not of a break with the past but standing on its shoulders.

The President: Thank you, Alan. Could I ask Council now to just agree to (i) then we will move on. **(Agreed)** Thank you very much. Let us move on to (ii).

Ms Michele Savage: Moving on to the draft Charter amendments. This has already been discussed by Council, but there are a couple of issues which I will go into in a little bit more detail.

If you want to move on to look at the wording – I am talking about Article 4(1) here rather than Section 4.1. I am sorry, it is a bit confusing. It refers to annual remuneration to Assembly members and NPB members. That has been changed, as we said before, to encourage maybe a different way of avoiding meetings cultures, but what wording has been changed now is so that the PLB are able to make payments direct to employers of Assembly/Board members, to make it easier for pharmacists in some areas of practice (e.g. NHS employees) to serve on the Assembly or Boards. That has been changed now. We have checked with our tax lawyers and our Charter lawyers and eventually came to some wording; but that has changed now, and I hope Council will welcome that. **(Agreed)**

Just moving on to Article 12, which is confirmation of a Special Resolution. It has been added in now that voting to approve a Special Resolution is going to be restricted to pharmacists and former pharmacists, i.e. members under Article 5(1)(a) and (b). It is probably just helpful to remind Council that you agreed that they should be the only category in the Charter at this stage, and that a further category of membership will be established by the Special Resolution and regulations once the Charter comes into force.

You will have an opportunity later on to consider, when we are talking about Special Resolutions, whether we are talking about a two-thirds majority, an enhanced majority, or a simple majority; but that is in Section 5. So I think you might want to park that there and discuss that later on.

Quickly going back to the section numbers here now, can I bring your attention to Section 4.13, and looking at line 7 which is where we are talking about the exclusion of members. I was asked by a member of Council to clarify, because I have used “should allow” on one line and on line 9 I put “could allow”. I was asked to give some clarification as to what that means, and I have changed it now so that should now read:

“The category shown in the Charter would not refer explicitly to other membership requirements that the PLB might want to set, e.g. relating to good character, but we understand will allow the PLB to admit or refuse to admit persons on any reasonable grounds.”

The other line:

“This we understand will allow the PLB to exclude any former pharmacists that it did not wish ... “

and so on.

That is just drafting, but I think that needs to be a bit clearer, and hopefully Council members will agree. **(Agreed)**

I think I have covered **(inaudible)** on this. Are there any other questions on any of the other changes on the Charter, on these Charter changes, at the moment?

Mr Douglas Simpson: Not a change; just in the previous Charter – not this one but the one before – we had benevolence as an object, and it was moved down to a lower level. I just wondered whether there was any benefit in considering putting it back as an object. I cannot see it would do any harm at all to do that, but it might do some good because it might help to make it more attractive to prospective members. It is just a question.

Ms Michele Savage: I do not know if that would be appropriate to consider. Since the 1953 Charter and the 2004 Charter the Society has actually set up a separate trust deed for the Benevolent Fund, now known as Pharmacy Support. So that has been put into that separate trust deed. So probably the way it is now is more appropriate for the future.

Mrs Alison Moore: Two questions: one is on 4.2, page 5. It says that:

“An initial meeting has been held with the Privy Council Advisers ... they are largely in agreement with what has been proposed.”

I just wondered if there was anything of importance that they were not in agreement with that we should know about.

Ms Michele Savage: No, I do not think so. They have not indicated any particular concerns, but obviously at this stage it is informal conversation. Later on they would need to give a formal view.

The President: So far, no.

Mrs Alison Moore: My other question: should it be interpreted to be anything other than what it says? The question about the Assembly on page 8, Article 4.18. The Charter as amended sets out who should be on the Assembly, following what was put in the prospectus. The only one I have a query about is if the future members of the new professional body take a vote on whether or not they wish to have pharmaceutical scientists as a membership category, and if they were to decide that they did not – and I am not saying rightly or wrongly there, so this is hypothetical – what effect would that or could that have on the non-pharmacist member of the Academy of Pharmaceutical Sciences that is in the Charter as being on the Assembly? Is there any option for the new body to change the Assembly make-up? What if they propose a different category of membership of something completely different? Could they put another member on the Assembly, for example? How flexible is this?

Mrs Christine Gray, Head of Corporate Governance: Do you want me to respond?

The President: Yes, Christine.

Mrs Christine Gray: I guess there are two options there. If you look at Draft Article 8(1)(g) in Appendix A, it says:

“A non-pharmacist member of the Academy of Pharmaceutical Sciences appointed by the APS or, from a date to be determined by the Assembly, a member of the Society in such class or category of membership as may be determined by the Assembly, appointed in accordance with regulations.”

So the Assembly could decide, “Well, we still want to have a non-pharmacist pharmaceutical scientist on the Assembly, we still think that is helpful even though we do not have it as a membership category, so we will continue to ask the APS to nominate a member”. Or the Assembly could make regulations to bring somebody onto the Assembly in another way, so for example by an open recruitment process and say, “We want to recruit an Assembly member with these characteristics, and this is how we are going to go about it”, and set that out in regulations.

The other option, looking at the end of Article 8(1) is where it says:

“... the composition of the Assembly as specified ... may be amended by Special Resolution ...”

So that is another option, that the PLB could change the composition of the Assembly, subject to approval by Special Resolution.

Mrs Sue Kilby: It is interesting that Alison should raise that question, because no surprise, bearing in mind what I have already said today, not against pharmaceutical scientists being members of the new professional body, but I have raised this point on I do not know how many occasions, Christine. I cannot see any reason why this position has to be nominated by APS. APS has got about 400 members, half of which are pharmacists anyway, so how many does that leave? Very small number of people that you could actually select from.

Now, APS does not represent people working in industry. We have many people who are in industry who are leaders in science who may not necessarily be members of this group. We also have people in academia as well who are experts in science. I cannot understand why we have to have this position which is a non-pharmacist. It should be open to pharmacists and non-pharmacists, and also from academia and for industry as well. We have raised this on numerous occasions, and I do not know how we can actually make it clear for it to be considered. It is not acceptable to have it purely and simply as APS, especially following the fact that they cannot be members initially anyway. What we need is somebody with expertise in science.

Mrs Christine Gray: There are two points. The Council agreed that nomination by APS was an appropriate way to get somebody onto the Assembly in this position initially.

Mrs Sue Kilby: We have never agreed to that.

Mrs Christine Gray: In your informal meetings you did agree this.

Mrs Sue Kilby: No, we did not. We did not agree; we argued at that point in time that it was not appropriate.

Mrs Christine Gray: Can I just make the other point. Initially we did have in the draft "a member of the APS", it was open to APS to nominate any of its members, and it was suggested at a Council meeting that we specify a non-pharmacist. If you wish, you could take out "non-pharmacist" from there. It is for the Council to decide.

Mrs Sue Kilby: Well, I think it should be taken out "non-pharmacist" and "APS".

Mr John Jolley: On this point I would certainly not wish to lose the position on the Assembly for a pharmaceutical scientist, but given, as Sue has quite correctly said, that a significant proportion of APS members are registered pharmacists, I do not see any reason whatsoever to exclude even those pharmacist members of APS and make this point. If at a later stage we agree to bring in a pharmaceutical scientist, then they should have equal voting rights as any other member would have, and that we should not be ring-fencing one particular organisation for a preferred position on the Assembly.

My vote would be, leave the position on the Assembly for a pharmaceutical scientist with the clear understanding that until such time as we elect to have a membership category that would include APS members, or non-pharmacists who are pharmaceutical scientists, we should elect a pharmacist to that position. After we have elected APS, or opened up the membership category, then they can stand together with pharmacist members should they so wish; but we should certainly take out any reference to APS.

Mrs Lorna Jacobs: My understanding of the purpose of putting in an appointed person is so that the Assembly can be in position on Day 1, at which point it is not possible to elect somebody because there will be no members to elect such a person. I understand the passion that is expressed, but the ideal of this provision is to enable the Assembly to be up and running on Day 1 so that this is very much an interim way of getting somebody on the Assembly so that that Assembly can then make decisions about how it wants to get people on afterwards.

The President: That is certainly my recollection of the conversation, Lorna, but we will go back there in a minute.

Dr Brian Curwain: I wanted to remind us that the Academy of Pharmaceutical Sciences is neither a wholly industry nor a wholly academic body, so that actually people from both parts of that constituency are on it. I endorse Lorna's point that this is an interim solution frankly, and let us not get too concerned about it. I suppose, in favour of having a non-pharmacist pharmaceutical scientist member of the Assembly in the first instance, while we all consider our reserved positions on that, is we want some non-pharmacist pharmaceutical scientists to join the body, and it actually makes some sense to do this. I do not think we should lose sight of that.

Professor Nick Barber: My memory is the same as Christine's and as Lorna's. We debated this at length; this is a pragmatic solution, I have no problems with it whatsoever. We need to crack on with things, because it is an interim.

Dr Catherine Duggan: It was just picking apart the issues here, I suppose perhaps to think about a way forward if we have got levels of agreement or disagreement around the table: we have a scientist who needs to be there from Day 1, and whether we agree that it is a pharmacist or non-pharmacist that needs to be finally put to bed; the place where they are derived from, and whether that is inclusive or seen to be exclusive; and then just to finally have somewhere the notion of this being an interim rather than a permanent arrangement so it does not get lost in the water as we move forward. I wonder whether if we address those three points in sequence we might reach a consensus. But I do remember we debated this, but if people feel passionately perhaps we do need to take it point by point, and how we agree them.

Dr Phillida Entwistle: As I remember it, we were all agreed at the time about the short-term (inaudible) and the need for the first day. We plumped for the APS as the source by default really because it was a body of people who already existed and demonstrated their involvement with the Society, and we thought that they would be the sort of body who could provide a suitable person.

Mr Douglas Simpson: The reason this person is there is because of the suggestion that there should be a category for non-pharmacist pharmaceutical scientists. It would seem to me that the two things go together. In the absence of a category at the moment, it seems to me not particularly sensible to put a scientist on the Assembly; but if the membership eventually approves a Charter change by Special Resolution to add a pharmaceutical scientist, or any other group, into the membership of the Society, then one would expect the governing body to reflect this additional new category of membership. It seems to me daft to put the person there when the membership have still not approved of the special category. It just seems to be inconsistent.

Mr Alan Kershaw: I hear the force of that. I think the majority view (as I recall all 30 members came here for that) was that the voice should be heard from the beginning, and that the membership category thing could follow. If the membership category falls, and the membership is not extended, it can be reviewed then. I just wondered whether it would help to break this circle if we put a sunset clause on this and put a time limit on it. In the event of the Assembly not having found a new method within, say, two years, it should fall by the wayside.

The President: That seems a very sensible suggestion.

Mr Andrew Gush: As I recall when this decision was made, we were not choosing to reject the recommendations of Trans Com that there should be pharmaceutical scientists as a membership category; what we realised is that it was not practical to put them in place from Day 1 and therefore the solution to allow future membership was to take this avenue. Therefore, to say that we should not include them on the Assembly would indicate that we are not keeping to the recommendations of Trans Com.

The President: Yes, I agree with that. I think my recollection is – and I do not think we need to debate this a great deal further – that we agreed that we would have an interim appointment to the Assembly pending the establishment of a category of membership for non-

pharmacist pharmaceutical scientists, and that that member on the Assembly should be a non-pharmacist pharmaceutical scientist, and for the sake of expediency it was suggested that the APS would provide a source for that person. If the debate is over whether the APS is the appropriate place to provide a source for that person, then fine, happy to consider that; but I think we should restrict our conversation to that one point.

Mrs Sylvia Hikins: Just to remind us that we have adopted the prospectus, and a non-pharmacist member is in the prospectus. I hope as a Council we will swing behind our decision, having adopted the prospectus, and not at every opportunity try to de-adopt bits of it. We have adopted the prospectus; we move forward from there. All we are deciding now is the route by which, in the initial year or two with setting up the professional body, we include a non-pharmacist member, not if we do it.

The President: Is there a better suggestion on the table in terms of how we word where we source this non-pharmacist pharmaceutical scientist from, than APS?

Mr Gerald Alexander: President, isn't this all predicated on the fact that we may at some future time have non-pharmacist pharmaceutical scientists as members of the professional body, possibly in an associate capacity? That is the way we are thinking, and I presume that is how Trans Com was thinking. I am not really for it or against it – and I am not sitting on the fence. Article 8(1)(g) is a directive that a non-pharmacist is appointed, and as the Academy of Pharmaceutical Sciences has maybe 50% pharmacists and 50% non-pharmacists, what would it be best to do in the initial period? I presume once the membership have spoken on membership categories, it will be much easier to appoint a pharmaceutical scientist from the ranks of the professional members, associate and full members of the profession, at a later stage.

I suppose really what we have got to say is, do we agree that a non-pharmacist member should be proposed, and is the Academy of Pharmaceutical Sciences the right body to put that person forward? If they are, they could propose a pharmacist, but I am not saying they should and I am not saying they should not; but I think the Council should at least make a determination at this stage, because we are asking to put this in the Charter.

The President: That is exactly where I was trying to get to.

Mr John Jolley: I think it would be unadvised to go ahead with the term "Academy of Pharmaceutical Sciences". I do not think that organisation is appropriate, given that as I have already said at least half its members are pharmacists. So you are being selected within that. I think, as we have agreed in the prospectus, that a pharmaceutical scientist has a position on the Assembly, and we should leave it as such, and that until such time as non-pharmacists are officially elected onto the body, then they will not have the opportunity to stand for that position. Once they are elected, assuming that they will be, then they can be elected to that position, but there should be no position that is exclusive for non-pharmacists on that Assembly, given that the likely number of these people that we are talking of is likely to be, if we are lucky, in the hundreds, and the low hundreds, given that hopefully we will have 47,000 pharmacists.

The President: I do not want to repeat the argument again, I think we are in danger of going round in circles, but we are agreed that we will have a non-pharmacist pharmaceutical scientist ----

Mr John Jolley: I am sorry – you say that, President, but that was not my perception. This came out of a Joint Working Group where we worked in individual groups and ----

The President: Let me rephrase it then, John. Could I have Council's agreement to appoint, elect, co-opt (whatever the word is) a non-pharmacist pharmaceutical scientist to the Assembly of the new body as an interim measure, prior to the possible creation of a different membership category of pharmaceutical scientists? **(Agreed)** So having agreed that ----

Mrs Sue Kilby: No, we want a vote on that.

Dr Brian Curwain: President, can I just make one point. We really should be rather mindful, I think, particularly in public business, of the sort of messages we are sending out. What somebody from another planet would imagine they were seeing here is a large amount of rearguard actions being fought to keep non-pharmacists out of the new professional body. If that is what we want to do, let us do it; but it is certainly not what I want to do.

Mrs Sue Kilby: Brian, I have already made it clear I want non-pharmacists in the new body, but I am concerned that we do not act against the interests of pharmacists.

The President: Can we just take five, because I assumed, I was under the impression that we had already bottomed this at a previous meeting, and I think that is the view of the majority of you in the room; but Martin needs to say something as Chair of the Trans Com Working Group that decided on membership categories. I think it is pertinent to allow Martin to say something.

Mr Martin Astbury, Vice-President: I certainly think at the moment a big discussion seems to be going on. There is nobody here saying that a pharmaceutical scientist should not be at the Assembly, but where the discussion seems to be taking place at the moment is between the industrial pharmacists group, or some people from the industrial pharmacists group, who are pharmacists, who are discussing as to whether it should be a non-pharmacist in that position or not.

Interestingly, the waters might be even more muddied as to the definition of what a non-pharmacist would actually be anyway; but what I would be proposing here is, we would probably look on page 9, (h), the way in which we would be appointing a lay person to this position, that is looked at. The three Board Chairs would be looking and appointing that person. I would suggest that really we are looking at two ways: either we ask the Academy to put somebody forward, or we look to adopt the same method here, in exactly the same format, that those Board Chairs would appoint that person. But first you will need to still bottom out the confirmation of whether it is a non-pharmacist or not.

Mr Gerald Alexander: Just a point of order. It could be that post the establishment of the GPhC you or I could be non-pharmacists if we decide not to be registered and we want to be members of the Royal Pharmaceutical Society – or the new leadership body. Having said that, we would have been pharmacists, former pharmacists, and we would have been eligible; but arguably we would not hold the title “pharmacist” because that is going to be a restricted title. So I think this does give some flexibility putting this in. I think you need to think about that before you start voting on anything.

Mrs Christine Gray: Well, you have got various options. You can change what we have got in 8(1)(g). You could have something along the lines of what Martin is suggesting at 8(1)(h). So you could say “... a pharmaceutical scientist appointed by the persons specified in (a), (c) and (e) acting jointly, or appointed by the Assembly in accordance with regulations.” That is another way of getting somebody on the Assembly from Day 1. It would be an exercise by the Board Chairs, and the English Board Vice Chair. You can simply say “a pharmaceutical scientist”, and through the recruitment process you would have to state the eligibility criteria to be considered for appointment. You would have to run it with an advert.

The President: I think I saw some nods for the first option. Could you just read that again for us, Christine, so we are sure.

Mrs Christine Gray: So say “a pharmaceutical scientist” - this is obviously all subject to legal advice - not defining it further than that, “appointed by the persons specified in (a), (c) and (e) acting jointly, or appointed by the Assembly in accordance with regulations.” Then if you did establish the membership category successfully, you could make regulations allowing that person to be elected from the new membership category. It is another option.

Mr John Jolley: That would be acceptable.

Mrs Dorothy Drury: I think I am agreeing with Christine; that does sound better than using the term “non-pharmacist”. I am happier with that.

Mrs Cathryn Brown: I just wanted to clarify whether that pharmaceutical scientist is a non-pharmacist, or whether somebody who is a pharmacist could say that they are a pharmaceutical scientist, putting themselves forward for that position.

Ms Michele Savage: I think that is what Christine was saying, the eligibility, you could bottom that out during that process.

Mrs Cathryn Brown: So you could put it in regulations rather than the Charter.

Mrs Christine Gray: Well, initially it would not be in regulations; initially it would be an appointment by the Board Chairs and the English Board Vice Chair. I think simply saying “a pharmaceutical scientist” would suggest that it was open to both pharmacists and non-pharmacists, so you would have to specify the eligibility criteria as part of the recruitment process, and then later you can do that in regulations.

Mr John Gentle: What we are discussing here is how to appoint this pharmaceutical scientist on the basis that they cannot be elected because there will not be a category of membership to elect them on Day 1, but the Assembly will bring forward a Special Resolution which will be designed to create that new category of membership, and if that succeeds, that new category of membership will then elect this person. If that resolution fails, will this position disappear?

The President: That is the sunset clause.

Mr John Gentle: Is the Assembly honour bound to bring this resolution forward in the first place?

Mr John Jolley: We are getting caught up with the concept that all pharmaceutical scientists are non-pharmacists, but as my learned friend over there said, the term “pharmacist” will only apply to somebody who is registered with the GPhC. There are many, many pharmaceutical scientists who either are registered with the GPhC, or who are lapsed and have not bothered to register, who would technically be classified as non-pharmacists. I would go along with the suggested wording, because by opening it up we are not tying ourselves to a specific category of non-pharmacist.

Professor Keith Wilson: I think we are talking a lot about the way of identifying a person, but there is a reason for having a pharmaceutical scientist on the Assembly, regardless of what happens in terms of membership category; because pharmaceutical science is a very, very important part of pharmacy. So regardless of what happens about future membership categories, I think having a pharmaceutical scientist (inaudible) is very, very important. The wording I think that has just come up to my mind is a very much better wording, because it is inclusive but it does not get into this sort of contentious area of pharmacist against non-pharmacist. It allows either to occur, and in terms of whatever happens about a future decision on membership categories, it puts a sound basis in the Charter for that post or that appointee to continue. So I would strongly support that wording.

Mr Douglas Simpson: Is it envisaged that registered pharmacists will be excluded from joining the pharmaceutical scientist category if they so choose? So they could join that if they wanted to.

The President: Okay, are we content with the amendment that Christine gave us on that point?

Mr John Gentle: I asked for a point of clarification as well; can somebody just confirm what that clarification was?

The President: For your question, or for ... ?

Mr John Gentle: With regard to what will happen ... If a Special Resolution is brought forward, what will happen if it fails, that decision, and is the Assembly honour bound to bring forward such a resolution?

Mrs Christine Gray: You would still have that position on the Assembly, and it could continue to be an appointment by Board Chairs, or the Assembly could make regulations about getting that person in another way. You would still have a pharmaceutical scientist on the Assembly. There would be nothing in the Charter saying, "and you must bring out a Special Resolution for this membership category". That is really a matter of what is in the prospectus.

Mr Jeremy Holmes: And the Board Chairs could in due course decide whether that pharmaceutical scientist was a pharmacist or not; that is at the discretion of the Board Chairs. But I think Keith makes a very good point, that the voice of science remains important, regardless of the creation of a membership category.

Mr John Gentle: But as Keith was saying, that in a sense that position is there for the new membership category and it is designed to be elected by that category, but that position will remain and will be appointed through a different route if that category is not created by the Assembly.

The President: Yes.

Mrs Lorna Jacobs: The way I read it as it is written, it seems to me that from a date to be determined by the Assembly, that person could actually be anyone and need not – as I read it, as it is written, it does not actually specify that going forward that would have to be a pharmaceutical scientist, because it reads to me as if it would be a non-pharmacist member, a pharmaceutical scientist; or from a date to be determined by the Assembly, a member of the Society in such class or category of membership as may be determined by the Assembly. So as I read it, that could be not a pharmaceutical scientist at all.

Mrs Christine Gray: That wording I was suggesting is closer to what we have got in 8(1)(h) by saying, "A pharmaceutical scientist appointed by the persons specified in (a), (c) and (e) acting jointly, or appointed by the Assembly in accordance with regulations."

The President: Nick – and then we will move on.

Professor Nick Barber: Could I just clarify that if we adopt that wording, then there will be this pharmaceutical scientist from Day 1?

The President: Yes.

Professor Nick Barber: And the second thing is, just to know all we are doing is dumping our decision on three Chairs, that they will be able to choose which way they move forward; because we are just avoiding (inaudible) ----

The President: Well, enabling.

Dr Phillida Entwistle: I have to declare an interest because I am a member of APS; but if we are going down the (h) route, then I do think if that is the decision we take that we write a letter fairly swiftly to the APS changing our view on how this pharmaceutical scientist is to be appointed, because they are working now on the premise that they will have a nominee.

Mr Alan Kershaw: I think the assumption must be that it would be open to them to make a suggestion to the Chairmen of the Boards, but they would not have the right to appoint themselves. But they should be notified; I am sure that is absolutely right.

The President: So with the proposed change from Christine known as (h), notwithstanding what we might decide at Point (iii) on the next point, can we agree (ii), which is, "For the purposes of consultation, the potential changes to the ... Charter to enable the transition ...

as shown in Appendix A.” So the Charter changes in Appendix A, incorporation of (h).
(Agreed)

Are there any other points?

Mr Gerald Alexander: Not related to this; it is moving on hopefully.

The President: Yes; good.

Mr Gerald Alexander: It relates to the objects under 2, and although under 3 and 4 within subsections – I am talking about the Supplemental Charter, the changes, or the non-changes. It is, “To promote and protect the health and well-being of the public through” – and then it says – “to maintain and develop the science and practice of pharmacy in its contribution to the health and well-being of the public.” It is quite clear that it is all for the public benefit, but I am still a little bit – I think we spent a long time putting within the context of a public benefit into the original Charter in 2004. Although we were there as a regulator, I still think it is good to highlight this point, even though it is perhaps redundant in relation to Points 3 and 4. I am sorry, but I would like to see it remain within the context of the public benefit. So, “The objects of the Society (hereinafter referred to as ‘the objects’) shall be within the context of the public benefit.” There is absolutely nothing wrong with that, because isn’t that what pharmacists do every day? Really we are just giving a signal as a professional body that is how we should act and abide.

Having said that, I know they are in Points 3 and 4 under the objects, but this specifies it and makes it absolutely clear. We agreed it previously and I am quite happy to see it stay there, not be removed. That is just the point I am making on that. That is nothing to do with Section 5.

The President: No, we will come on to that.

Mr John Gentle: I think the public, as it mentions in the text here, are well catered for under 3 and 4. We were talking earlier on when we were talking about Nigel Clarke and his presentation on what the new body is for, and about change, and how it is going to be different from the Society and so forth. I think it is important to send a clear message to the prospective membership under Object 2, because that is the only object that talks about pharmacists. The rest of them talk about pharmacy, talks about the profession of pharmacy, the practice of pharmacy, and 2 simply talks about pharmacists. I think it is important that the new professional body which is deemed to be for pharmacists actually clearly states that that is what it is for, that it is member facing, and the interests of its members are clear and paramount in its objectives. So I think whilst the case for the public is under 3 and 4, leaving Object 2 as it is written currently is fine.

Mr Gerald Alexander: But there is no suggestion that bit is changed, is there?

Mrs Christine Gray: This is something as those who were around at the time will recall was the subject of a great deal of angst in the development of the 2004 Charter. Certainly at that time the feedback we were getting from the profession is that they would prefer not to have a qualifier on the objects. So it would seem to make sense to remove that now that it would appear to be no longer required.

Mr Jeremy Holmes: If I can make an additional point which is about clarity of purpose of this organisation. Without our regulatory remit, it is much less necessary for us to have wording like that. I think Sub-point 3 and 4 are very appropriate, but the over-arching purpose of this organisation does not encompass regulation. That is why the team felt it was unnecessary to have it in the main text there in Article 2 as well as in 3 and 4.

Mr Douglas Simpson: Yes, I support what Jeremy has just said. The alternative at the time was “in the public interest”, and I think it was probably Michele who came up with the word there. So it is a compromise, and it is just not needed at the moment because it is quite clear elsewhere, as Christine says.

Mrs Marcia Saunders: I suspect I am in the minority, Gerald, but I do actually support Gerald on this one. I think every profession has an aim beyond its personal self (inaudible) and you have all the other medical professions (inaudible) public interest.

Mr Gerald Alexander: Really all I am saying is that is what a Royal Charter means. So you are stating it. I cannot remember the consultation. Christine has reminded us of what took place in 2003 and 2004, that the profession may or may not have preferred this particular form of words; but I just think it actually highlights what we do, and why we do it. So why shouldn't it stay? I mean, we are suggesting it is taken out. It is covered under 3 and 4 of the Objects 2, but I would really like to see that that remains in the Charter.

Mrs Marcia Saunders: Well, I think it goes to the heart of the difference between profession and trade.

Mr Martin Astbury: With a chartered body in fact it is superfluous, you do not actually need it there. I do not think anyone here is going to – I know you have had your views and so on and a lot of other people have had discussion, but I do not think anyone is going to add anything. So I would suggest go for a straight vote. I do not think anyone is going to be particularly worried either way.

The President: Okay. Do people want to take a vote on this, or can we just agree one way or the other? Does anybody feel particularly strongly that we should put this thing back in, put the words back in “in the public interest”?

Mr Alan Kershaw: President, before we vote, could I just point out the words “for the public benefit” are in the recital anyway.

The President: Yes.

Mr Gerald Alexander: It is duplicating, but it was put there for a reason and I think it was a very good reason.

The President: We have heard the argument. Let us go to a vote. So those Council members, please, who are in favour of reinstating the words that Gerald refers to, please show. **(For – 9; Against – 12; Abstentions – 2).**

Thank you very much.

Mr Gerald Alexander: Thank you, President; it was a good debate.

The President: We have got a guest coming at 4 o'clock and I am conscious that we were meant to have coffee before then, but I am also conscious that we are really on a roll here and we want to perhaps finish this particular item. So if we can go to (iii) and (iv).

Ms Michele Savage: Yes, (iii) the Charter changes. Council may wish to consider having the option in the Charter of having two types of Special Resolution. As in the paper, Type 1 would be the enhanced majority applying to Charter amendments, which would require a two-thirds majority of voting members; or a simple majority which would apply to any other matter specified in the Charter as requiring a Special Resolution. So, for example, membership categories, changes to the Assembly composition, changes to the organisation, surrender of the Charter (which I think is particularly important) – on how you would like to think about voting on that – and obviously including the destination of any residual assets.

If the Council wishes to propose such a change we can amend Article 12, which is in the paper, but really I just need some (inaudible) and I think Martin was going to ...

Mr Martin Astbury: I was going to wait for comments first.

Mr Gerald Alexander: Well, it is under Special Resolution, 5.1 in our documents on page 10 of 22; but just going back a little bit before, on 4.21 it says:

“Article 12 – confirmation of a Special Resolution. It is proposed that confirmation of a Special Resolution should always be by a ballot of the membership rather than potentially by a vote at a general meeting as a ballot is a more democratic method” –

and I agree that.

“ – giving everyone the same opportunity to express their views. A ballot could be conducted by postal or electronic means or by a combination of both.”

I think we could probably all agree on that. But when you get into the next section it says, “Other potential Charter changes”, and this is where Article 12 could possibly be amended.

My personal preference is the suggestion under Type 1, “would require the approval of 2/3 of those voting in the ballot – this would apply to Charter amendments.” The suggested Type 2 I could not support it, because I am not sure that it is a particularly democratic method. I know simple majority in changes of a minor nature, or a simple majority in a vote is fine, but this is a constitutional change and anything that is of a constitutional nature should require the Special Resolution to at least accept a two-thirds majority vote. I think – I cannot remember now, but did we reduce from a 75% situation previously?

The President: Yes.

Ms Michele Savage: Yes, while expanding the number of issues that we could cover by Special Resolution.

Mr Gerald Alexander: So to go down to a simple majority of one would be in my opinion undemocratic. It gives those who vote the opportunity to say what they think, and I think that there was blood on the carpet previously, and I do not want to see that again. So I would have to vote against that, because I do not support such a change of a simple majority. So I support a two-thirds majority.

Ms Michele Savage: Gerald, can I just be clear on that? What you are saying is that really you are voting for the *status quo*, that any special resolution on any issue that requires a Special Resolution should be a two-thirds majority.

Mr Gerald Alexander: Any issue. I understand that it might make it simpler to have a simple majority, but it is doubtful that it is more democratic. So my view is leave it as it is.

Mr Alan Kershaw: It is nothing to do with simplicity, it is about democracy. Quite simply, a two-thirds majority is fundamentally anti-democratic in that it gives two votes to people who oppose change as against one vote to people who support it. I believe in one person one vote. One vote is enough to change the law in this country, one vote is enough to elect a Government or to bring a Government down, one vote is enough to make a decision in this Chamber. A two-thirds majority being required to make a change is a skewing of democracy. Democracy depends on the majority opinion, not the two-thirds majority opinion, and it is for that reason I ask for this to be explored.

Again, this is going to be a matter for the professional body. I would point out that introducing Type 2 Special Resolutions does not do away with the possibility of having Type 1 Resolutions. So it would be a matter for the future Assembly to decide which ones would require a huge majority in favour of change as opposed to those which would require a simple majority.

Mr John Gentle: I think on that last point it would be a nightmare for the new Assembly to decide which matters would go to a two-thirds majority and which would go to a simple majority. It is not a skewing of democracy at all, and it gives people two votes – I am sorry, that is nonsense, Alan. What we are talking about here is a method to enshrine democracy

into the system, and it protects against low turn-outs. That is why it is there. If you have a very low turn-out, a very small number is needed to make a change. A two-thirds majority ensures that in a very small turn-out – and let us face it, that is what we have tended to get – a two-thirds majority ensures that greater effort and greater safety valve is built in for fundamental changes to the profession when you have a low turn-out. That is why it is there. It is reduced from what it was, and I think it is important that something more than a simple majority is there. I shall reiterate again, I do not regard it as a skewing of democracy; it enshrines democratic principles into a system which has a poor turn-out tradition.

Mrs Lorna Jacobs: I am looking – and again, forgive me if I have got myself in a tangle – Point 12: it seems to be saying that the two-thirds majority must be those people who are members in 5(1)(a) and 5(1)(b), which is pharmacists and former pharmacists. As I understand it, that would say that even if, by view of the Special Resolution, the membership categories were increased to have a 5(1)(c), that subsequently those people could still not vote on Special Resolutions; which if they are going to be made as members under 5(1)(c), to automatically exclude them from Special Resolutions, unless you have a Special Resolution to enable them to vote on Special Resolutions having enabled them to be members – it seems particularly complicated. It would seem to make more sense to say, if people are going to be included as members under 5(1)(c), the starting point should be that they should then subsequently be allowed to vote on Special Resolutions.

Mr Martin Astbury: You are talking about something that will happen in the future. I think the Assembly will decide in the future when they put together that package going forward, it will be the Special Resolutions have to be written in a certain way so as to allow people to decide what voting rights people get along with that. So I do not think that needs to be clear at this stage.

Mrs Christine Gray: We were asked in one of the previous discussions to put this in the Charter amendments about the category of members referred to in 5(1)(a) and 5(1)(b). Now, if you go ahead and put that in the Charter, then changing it will require an amendment to the Charter. The Assembly will not be able to say, “Yes, we’re going to let other people vote on Special Resolutions”; it will be in the Charter. My understanding was that this was something that perhaps the members wish to see us put in, in order to give reassurance to the existing members of the Society and encourage acceptance of the Charter amendments.

The President: That is certainly where we got to previously, yes. Can we just stick on the question of two-thirds versus simple majority, because Gerald is proposing the *status quo*; I am hearing counter arguments.

Mrs Dorothy Drury: I am for the two-thirds. I think it is a safeguard. I am with Gerald.

Mr Andrew Gush: I want a new organisation which is stable, consistent and successful. Fundamentally I agree with Alan, and I would go for a simple majority if voting was mandatory; but in the real world, I must side with John. Turn-out has been low consistently, and we want a stable, successful organisation. It must not be vulnerable to small minorities being able to change the character of the organisation easily.

Mr Douglas Simpson: This is a brilliantly clear paper. I am a bit struggling to understand what this paragraph means. You are saying that a two-thirds majority will be required for membership category changes, changes of Assembly composition, changes to the organisation’s name, surrender of the Charter and dissolution – this is what we are talking about?

The President: Yes, everything.

Mr Douglas Simpson: Well, then these are character changes, and the other side – you have got to ensure a substantial majority in favour of such a thing, otherwise if it had a 50/50 split, it is very even, you end up a very disgruntled minority. With character changes of this sort you do need a substantial majority. So I am in favour of two-thirds.

Professor Nick Barber: I think we have got a new organisation coming along and we do not know what the membership will be like, how they will perform and how they will engage. We hope that they are going to be engaging at a far greater (inaudible). I take the point about stability; I think that is really important. What we do not want is flip flopping of decisions between factional groups every six months. However, what this is suggesting is that we just enable that new Society, should it want to, to go down this path of using a clear majority on some occasions, and I do not see there is a problem in choosing what those occasions are. That is what the Assembly will be there to do.

So I think it could be brought in perhaps with something that the decisions would not be re-visited within twelve months, or two years, or something to provide stability, but I do think that there is something to be said that what we are hoping to achieve is much greater participation, and to be less worried about these changes. So as this is worded, it gives the new organisation choice, and I would like to support that.

Mrs Christine Gray: We were not proposing to give the Assembly the option of deciding what should be the majority. What we were asked to explore was the idea of putting in the Charter two different categories of Special Resolutions, some of which required an enhanced majority and some of which required a simple majority. I do think the Assembly would be in an extremely difficult position if it was to decide itself which majority should be used in each case. They would be very vulnerable to being accused of deciding that to suit themselves.

Dr Brian Curwain: I was going to say, but John said it very eloquently, and I would support that. It is a safeguard.

Mr Jeremy Holmes: I understand the arguments for and against the creation of a category of Special Resolution that could be decided on a simple majority, and there have been some very definite arguments for and against those. Could I just bring Council's attention to what this signals about the character of the new professional body.

Relying on a two-thirds majority is a defence against change. It means that 65% of those voting might want change, and it cannot be secured. Now, that may be what Council decides to do, that it wants that bulwark against change; but Council should do it knowingly, that you could have as I say 65% who want change, and they cannot get it because of the two-thirds majority rule.

Mr John Gentle: I think the Chief Executive is overlooking the Council has just passed a prospectus which is fundamentally and dramatically different, and is going to be a completely different organisation from the one that we are in now. So to suggest that a two-thirds majority is some kind of defence against change, I find rather strange.

Mr Alan Kershaw: We voted on that on a simple majority!

Mrs Marcia Saunders: I think that Nick's point about the simple majority, building in a safeguard and saying that it cannot be changed for a particular period would be quite important.

Mrs Christine Gray: I would advise strongly against that because we just do not know the circumstances the professional body will face in the future.

Mrs Lorna Jacobs: I think I would just want to support the sentiments that Jeremy has said, that what we are talking about is going forward into the future, and if there is one thing that you can guarantee it will be a future full of change, and in order to respond to that change I think this professional body, to provide leadership, should be enabled to be flexible and responsive to the world, and responsive to its members. I think it does send a signal about perhaps the risk aversion that is built into pharmacy training, but that we are weighting this organisation to be less responsive, less able to react, and to fetter the leadership and innovation of leaders that will be elected by members. It kind of says we do not trust the people that we are electing to this body to make changes.

The President: Can I just pause for a moment and ask Martin to make a comment.

Mr Martin Astbury: Listening to all the comments here, it is obvious that there are strong views on both sides. My personal view is that I would also have gone down the lines of two-thirds in order to safeguard everything. However, there is a compromise one, because I would much rather take everyone forward, the whole Council united, and probably also hopefully one the profession would also go behind, and that is where we ensure that we reserve the two-thirds for the two absolutely fundamental things within the Charter. One is obviously any amendment to the Charter, and the other one is changes to membership categories. Those two have to be the two-thirds ones, and possibly if you were going to then have a Type 2, the Type 2 would then be for others. But if that takes us forward then I could probably move from my position. I would prefer to be in a position of two-thirds for all of them, but if that helps it go forward and could take us all together, and also the wider profession, then I am happy to go with that.

Mr Gerald Alexander: I do not want to labour this, but obviously I can see the point that Alan has made. Over the water, a majority of one, that is fine because they are making policy for the whole country. These are constitutional changes and often in Articles and Memorandum of Association for companies you will find that there has to be a slightly larger majority. I think that is quite common to changes of this type. But if we just move away from whether Alan is right or I am right or John is right, it does not really matter, because you are going to seek the Council's agreement – well, perhaps we are not totally agreed, so we are not sure. We are going to ask the membership and other identified stakeholders on the potential changes. Now, we could highlight these two possibilities. We would get possibly some information back from those groups to advise us; but a simple majority there could be more than difficult.

The President: I do hear what you say, but there are two points: one, we are being advised legally it is not advisable to give options here, and secondly ----

Mr Gerald Alexander: No, but it would be nice if we agreed something now preferably.

The President: - secondly, we need to show some good leadership here. Martin has put a proposal on the table. Can we just have comments around that specific issue and then we can move on from there.

Dr Catherine Duggan: Just following on from Martin's point, there is a reason why we are discussing this now, and that is because Council asked for this to be considered. So if we asked for it to be considered, we should re-visit why we asked that. It is for what Martin is saying, it is to have some things that we consider we need to have two-thirds, but also to provide longer term potentially the possibility – we do not need to do that, it does not need to be 51%, we can always keep it at two-thirds, but you just want to have that flexibility.

Dr Brian Curwain: I think Martin's suggestion has merit, but it sort of makes an assumption which is untested, and that is that there are really only two super, major things concerning the new body and that is the categories of membership and Charter changes. I wonder whether that in itself is a bit disempowering. So I have not had to think about it before, and I am not sure.

Mrs Alison Moore: I wanted to go back to John's point that this is not about protecting things. This is about putting ourselves in a position, if we want or the new Assembly wants to make a change and wants a new category of membership, and decides to go for that, they do not want that derailed by a small proportion of the members who might mobilise themselves to vote against that. That is what this is about. It is not about protecting and stopping change; it is about preventing a small minority of people in a low turn-out from affecting what could be a Charter change. So you are saying, "We have to convince two-thirds of the people to be excited enough about this to cast a vote", and why would an Assembly want to push something through that the rest of the members do not want anyway? This should not be a problem. We should be able to go for two-thirds, absolutely fine, and there should not be an issue.

Mr John Gentle: You will have to bear with me a bit on this one, but my knowledge is with my favourite subject outside this Chamber which is the Common Market. In 1973 we were given a referendum to join the Common Market, but nobody gave the country the option as to whether it wanted to join the European Economic Community, and nobody gave the country the option as to whether it wanted to join the European Union. So despite what people say, we are in an organisation now whether we like it or not, and we have never had the option to say whether we wanted to join it or not. The point is that a Government is elected to govern within a framework, or a constitution. If that framework or constitution is changed, there has to be a really good reason and there should be a powerful force and powerful backing for that change. The analogy here is that we have a prospectus, an arrangement, we have an Assembly to run the Pharmaceutical Society. I am not against change or innovation, and simple majorities can do for that. But the people elected by the Boards to sit on an Assembly are elected under the constitution, or a Charter. If you want to change that, those people who were elected under one Charter will then be operating under another one, and at that point it becomes very important that if you make a crucial decision there is an overwhelming support for that decision to be made. That is why I do not support simple majorities for effectively constitutional change, and that is what we are talking about here, I believe, and that is why I think a two-thirds majority is important.

Mrs Sue Kilby: I was quite surprised by your comment, effectively coming in to bargain and negotiate, when I do not think we had reached that point, Martin. Because I think John has spoken very eloquently on behalf of sticking to two-thirds, and we are not just talking about minor changes going forward because we are not stopping that. For most things that we do in Council we do not even vote. We have had an unusual number of votes today on very important issues, and this is what we are talking about, is very important matters. So you are quite right to say we need to have two-thirds.

Mr Alan Kershaw: I am having some trouble with the logic of the argument that the Assembly puts forward something, and a small minority, actually 50% plus one vote, can scupper change, and that that can be avoided by having change scuppered by 33.3% plus one vote. Small minorities can mobilise under any system and regularly do.

The second point is, I think the water is being muddied here – if I may so, quite deliberately – by people saying that we are talking here about membership categories and so on. All we are talking about is introducing a different type of Special Resolution to be used in certain circumstances. I am not seeking to prescribe that membership categories or the constitution or the Charter should be changed by a simple majority; I am simply arguing that that possibility should be available for things which are judged appropriate for a simple majority, and that is all.

The President: Any comment, Christine, before we actually go to a vote on this?

Mrs Christine Gray: It depends what you are going to go to a vote on. If you are going to vote on should you retain two-thirds for all Special Resolutions, then no. If you are going to go to a vote on a compromise position where some are subject to two-thirds and some subject to simple majority, then yes, I would want to.

The President: Right. My proposal – and I am happy to amend it – I would like to go to a vote in terms of whether members would wish for the *status quo*; a simple Yes or No on that, first of all. So those in favour of maintaining the *status quo* on this issue, two-thirds majority for everything. **(For – 15; Against – 8; Abstentions – 1)**. Not quite a two-thirds majority, but I think we are there. Thank you for a very good debate.

I am going to try and squeeze in (iv) before coffee.

Ms Michele Savage: We have got Appendix B and the paper regarding post-consultation changes. Just to quickly bring you up-to-date, the consultation period will run for 12 weeks from Friday 13th until 8th May. The consultation will be on the website on the 12th and the 13th, be put out in the P J on 21st February. We are planning President's interviews one to ones, with P J and C&D. There will be follow-up articles throughout the 12-week period.

Then we will obviously have Charter changes consultation report, summarising feedback. It will come back to Council in June, hopefully with everybody signed up for the Charter changes with no surprises, but you never know. Then obviously from then moving forward to balloting the members.

So really what I need to know is, are you happy with what is proposed? I would obviously hope the Council members will want to go out and talk about consultation changes. We do not want to do this in isolation; we want to be using other pharmacy networks as well, as Catherine referred to as well. I would be very happy to hear from any Council members as to what other ways they think I can do it, apart from obviously I have gone through the normal ones, but I think there are lots of other ways and modes I can use, but maybe that is something we can take offline and you can e-mail me directly.

Mr John Jolley: I would just like to put a question to this Council, that having heard from Nigel this morning about us taking a lead, and a very involved consultation on the prospectus, and again subsequent comments, much of these actions are a direct result of that consultation on the Trans Com Committee. I agree we have to notify quite clearly members, but do we need to go to such elaborate lengths to get feedback?

Ms Michele Savage: Personally I think we do. I think we need to be really inclusive, because we probably all think that everybody is aware of what is going on, and if we are not doing it in isolation that it is part of – this is the first step to the PLB. I think we actually start kicking it off a lot earlier, and as a Special Resolution we have to make sure that that gets through. That is a Yes or No vote. So I would hope that Council would want to know in June when they go out to other members that we have pretty much got that right, because the timetable is so tight that I would worry that if we get a No on the Special Resolution, I would go back and say, “Why didn’t we see that?” I look at these, probably the same as you do – the Charter changes – and think, “That looks fine”, but we are all aware that there are lots of people out there who have different views and might see something completely different to what you are seeing here. So I know it is probably a bit belt and braces, but I think it is really important that when you go out to Special Resolution we are pretty sure we are going to get an affirmative vote. That is why I think we should do it.

I think you are right, John; I think there has been an awful lot going on, but I would not want to be in a position where we are coming back and saying, “This has all gone horribly wrong; we’re going to have to do it again. Why didn’t we see that happening?”

Dr Catherine Duggan: I would like to follow that up, and declare an interest again as Chair of the UKCPA. We had a meeting last week, and we had 20 people there. It was very interesting to talk through these processes, and I know the enthusiasm that was suddenly whipped up in the room about the short, tight timeframe. I do know that some of those colleagues are taking the message about raising awareness, and understanding about being part of this, to other meetings this week. So I think even just by being able to say, “These are the time lines”, you are actually getting people feeling like they are involved in it, and you cannot under-estimate that. What was amazing was, without saying, “You need to go and take that”, I know of five people in that room who have gone to different meetings this week and sought some clarification on broadly the timetable with me in the last few days. So it is valuable. They feel part of it.

Mr Martin Astbury: I would just like to take the opportunity to thank Michele, Christine and the team for the amount of work they have done, certainly since September 1st working with Trans Com, and then obviously developing the Charter to get to this point, working on very emotive subjects and doing it in a good humour. Thank you. **(Agreed)**

The President: Can I ask Council to agree to (iv), please. **(Agreed)**

[Council (i) **confirmed** that the PLB should be a chartered body and that the RPSGB’s Charter should be amended to enable the transition to the PLB; (ii) **agreed**, for the purposes of consultation, the potential changes to the RPSGB’s Royal Charter to enable the transition to the PLB, as shown in Appendix A, with the amended

wording set out at 08/08.1 above; and (iii) agreed to consult the RPSGB membership and other identified stakeholders on the potential changes to the RPSGB's Charter, as set out in the paper.]

So could we please be back at the very latest please for 20 to, because we do have a guest waiting.

(Adjourned for a short time)

The President: Welcome back, Council.

11. The work and future of the Commonwealth Pharmacists Association

The President: It is my pleasure this afternoon to introduce you to Ivan Kotze. Ivan is the Executive Director of the Pharmaceutical Society of South Africa. He was elected President of the Commonwealth Pharmacists Association in 2007 at the CPA conference held that year in Kuala Lumpur in Malaysia. He was a Council member of CPA from 1999 onwards, and was elected Vice President of the Commonwealth Pharmacists Association in 2003, a position he held until 2007.

The focus of Ivan's Presidency has been to promote the role of the pharmacist in the strengthening of pharmaceutical services in Commonwealth countries, and to help pharmacists to build their capacity to address HIV/AIDS, maternal/infant mortality, human resources in health, and to promote best standards in international pharmacy practice and pharmaceutical sciences.

I personally had the pleasure of meeting Ivan for the first time at the FIP conference in Basel this year, and I invited Ivan to come and talk to Council about the work of the Commonwealth Pharmacists Association. So a huge welcome to you, Ivan; thank you very much for coming across.

Mr Ivan Kotze: Thank you, Mr President. It is an honour really to be here, and it is the first opportunity for a South African to come here and address the Council. So from that perspective it is an honour. But I think also for the Commonwealth Pharmacists Association it is a real honour to be able to address you.

I hope that if I leave you with one message after this presentation, that is that this baby, the CPA, is actually there because of the Royal Pharmaceutical Society. You established the CPA through your predecessor, and ever since then the CPA has gone from strength to strength.

In preparing for this meeting most of the work was done by Mike Newman(?) who most of you know, and Betty Falconbridge, and I must thank them for their work.

In South Africa I sit in the same position as Jeremy, and I am exposed to the meetings that take place of the SSA in South Africa, and afterwards the Executive Committee members go back to their day to day work. Some of them carry on that work and that function of the Society for the (inaudible). Now being in a position for the CPA where I am the President, I actually realise and recognise the importance of an office structure and of a secretariat that carry on with the work when the elected members go back to their day to day function. Hopefully after this presentation you will realise and recognise the importance of a service that was provided to the CPA by this office, and I thank you for that.

The purpose of this presentation is therefore to update yourself on the role of the CPA and its activities through the year. With the forthcoming de-merger of the Society it is important that the future of the CPA is taken into consideration in the discussions underway so that its work may continue in the foreseeable future. The Commonwealth celebrates its 60th anniversary in 2009 and looks set to continue for many more years to come. We would hope that the future of the CPA and its links with the Royal Pharmaceutical Society and the new professional body will also continue.

Following a period of development the Commonwealth was established in 1965. The Heads of Government of the countries of the Commonwealth, meeting in Harare in 1991, reaffirmed their confidence in the Commonwealth as a voluntary association of sovereign states, each responsible for its own policies, consulting and co-operating in the interests of their people, and in the promotion of international understanding and world peace.

The Commonwealth Foundation which is based here in London was established by Heads of Governments in 1965. It is an inter-governmental organisation, resourced and reporting to the Commonwealth Governments, and it is guided by Commonwealth values and priorities. The CPA is accredited to the Commonwealth Foundation.

It is important to note that point because a question will arise, what is the difference between the CPA and FIP as an example? It is that unique link that we have through the Commonwealth Foundation.

The Commonwealth Associations are non-governmental or civil society organisations, which serve the Commonwealth by facilitating co-operation in some professional, cultural or welfare areas, foster Commonwealth friendship, or in other ways advance the aims of the Harare Commonwealth Declaration of 1991. They work within the United Nations Millennium Goals, and these are eight goals, the targets to be achieved by 2015, with quantifiable targets and indicators. These goals are:

- To eradicate poverty and hunger,
- To achieve universal primary education,
- To promote gender equality and empower women
- To reduce child mortality
- To improve maternal health
- To combat HIV/AIDS, malaria and other diseases
- To ensure environmental sustainability
- To develop a global partnership for development.

In 1965 the Commonwealth Foundation wished to facilitate the establishment of Commonwealth professional associations. Within pharmacy the initiative was taken by Albert Howells, the President of the then Pharmaceutical Society of Great Britain (as I previously highlighted), and the Society's Secretary and Registrar, Desmond Lewis. This initiative had the active support and financial backing of the Chairman and Director of the Foundation. A meeting was held in London in 1969 to which the pharmacy profession in each Commonwealth country was invited to attend. As a consequence a constitution was formulated and ratified at the end of 1969 with the CPA being formally established on 1st January 1970.

The Commonwealth Pharmacists Association is a non-governmental organisation representing professional pharmaceutical societies from 43 countries. National organisations (these being the Pharmaceutical Societies of the member countries) and individual pharmacists can become members of the CPA. There are currently 43 member associations and approximately 800 individual members. Individual members consist of pharmacists, pharmacy students, and other supporters.

The combined membership of skilled and expert pharmacists, committed to serving their communities, enables the CPA to work continually towards improving health outcomes for almost one third of the world's population.

The CPA is governed by a Council consisting of 43 members (as I indicated previously) which is concerned mainly with policy. The Council meets every two years at the time of the CPA Conference, which is held every two years. An important criterion for the choice of host country is that it is an opportune time for CPA to collaborate with the national organisation to bring about a significant improvement in the status of the profession and the activities of pharmacists within the healthcare arrangements of the countries concerned. In addition, since 2000 the Commonwealth Foundation have agreed to a workshop as part of the Conference provided that it is hosted in a developing country, and that the workshop relates

to HIV/AIDS. Workshops have been held at the Conferences in Jamaica and Malaysia with the support of the Foundation.

The CPA is managed by an Executive Committee consisting of myself, the President, the Immediate Past President, two Vice-Presidents (the one Vice-President (inaudible) currently), and one member from each of the six regions of the CPA, elected by the Council members concerned. The CPA regions are the Americas, the Pacific, Europe, Central Asia, Eastern and South Africa, and West Africa. The European Region consists of Great Britain, Northern Ireland, Cyprus and Malta. The Executive Committee meets immediately before and after each conference, and then as and when necessary which is normally once between conferences.

In line with the philosophy of the Commonwealth CPA Membership Associations in the developed countries support the developing countries in their region and beyond. For example, the Canadian Pharmacists Association provides free access to its "Quit Smoking" Campaign training programme, and the Pharmaceutical Society of Australia has made available a CPD programme developed by the University of Queensland at a significantly discounted rate. The support provided by the Royal Pharmaceutical Society of Great Britain is significant and is in kind, as I previously highlighted.

The role of the CPA is to promote high standards of professional conduct amongst pharmacists, having due regard to the honour and traditions of the profession. It has a history of effective close linking between the members of the profession in Commonwealth countries and to facilitate personal contacts between pharmacists and students. It encourages the creation of a national professional pharmaceutical association in any Commonwealth country where none exists, fostering high standards in education and practice. As you will have noticed, there are still ten Commonwealth countries who are not members of the CPA, and like myself we were discussing (inaudible), and I think one of those is Cook Islands. I remember attending the World Health Ministers meeting in Geneva last year, and the topic on the agenda was technology and IT in healthcare delivery, and I remember the gentleman from Cook Islands stood up saying, "How can we talk about IT and technology when the islands are sinking?" I am not so sure whether there are any pharmacists in that country, but it might be worthwhile to investigate.

A further role of the CPA is to facilitate the dissemination of knowledge and information about the pharmaceutical sciences and the professional practice of pharmacy; fostering high standards of control over the quality and distribution of drugs; holding Commonwealth Pharmaceutical Conferences every two years and to support local events such as workshops. Then also to facilitate links with similar associations or allied health professional groups, both within and outside the Commonwealth. This includes the FIP, WHO and the Dental, Medical and Nursing Commonwealth Associations.

Mr President, currently on the agenda is the formation of a Commonwealth Health Professionals Association. Commonwealth health professions will be members of that Association, and I think it is important that we realise the importance that, through the CPA, it is our function to ensure that pharmacy is not left out in those discussions. The objective of that Association will be to further develop and interlink with Commonwealth Health Ministers meetings that take place every year before the World Health Assembly meets, and through that process it is possible for the CPA to ensure that the development of health policy in the Commonwealth countries recognises the role of pharmacists and the function that pharmacists can perform in their agenda, and to align the activities of the associations in the Commonwealth countries with that global initiative that comes from the Commonwealth Health Ministers, which then again is fed back into the World Health Organisation and their Assembly.

The CPA has produced a number of initiatives, many of which are following, and I would like to try and highlight some of these.

Pharmaid is a process where each year the CPA collects outdated editions of the British National Formulary for distribution overseas to Commonwealth developing countries. The distribution in 2007 totalled over 20,000 books. Since its inception in 1979 the scheme has

distributed approximately 120,000 pharmaceutical texts and reference books to pharmacists in those countries. The scheme is administered by CPA and has the support of Dr Keith Ridge, Chief Pharmacist for England, AAH Pharmaceuticals, The Pharmaceutical Press, Specialised Cargo, BookAid International, and the pharmaceutical wholesaler, Masters.

At present there are pharmacists in some of the African countries who cannot practise without these reference books. They do not have access to IT, they do not have access to reference books, and these are the only tools they have to assist them in the practising of their profession. We have letters in that regard, and if there is one service that the CPA needs to continue to provide, it is to assist in the distribution of outdated reference books.

The TB Fact Card Project is a project that was an intervention model designed to involve community pharmacists in the promotion of TB patients on long term therapy. This was run in two states in India in collaboration with the IPSF (that is the students organisation) and the Indian Pharmaceutical Association.

There is the Malaria Fact Card Project, and this is a collaborative project involving the CPA, the World Health Organisation, and the International Pharmaceutical Federation. It is a consumer health education campaign aimed at promoting awareness of prevention methods and early treatment of malaria. The Pharmaceutical Societies of Zimbabwe, Tanzania and Ghana have run this campaign. Further plans include extending this campaign to other regions where malaria is endemic.

Other achievements – the development of Governmental Pharmaceutical Services in Malta; the establishment of drugs and poisons information services in Pakistan; a Distance Learning Programme, the CPA's course; there are some HIV/AIDS support programmes for pharmacists leading to a local statement given to the government of that country (an example is the Lusaka statement of 2008).

Mr President, most of this is in the pack that we have given to your assistant (inaudible).

There is also the collaborative working. The CPA maintains strong links with the Commonwealth Secretariat and the Commonwealth Foundation, and the CPA has observer status (as I have highlighted already) at the Commonwealth Health Ministers meetings. We have listed ongoing conferences and workshops, which I am not going to go into in depth at this stage.

Closer to home – links with the Royal Pharmaceutical Society of Great Britain. Currently the Royal Pharmaceutical Society of Great Britain hosts and funds an administrator for the CPA, and the CPA would like to see this link remain in place. That is our plea to this Council.

The member organisations of the CPA value this close link with the Royal Pharmaceutical Society of Great Britain, and many of those associations see this Council as the model that they strive to achieve or have based their own organisations on this model. We know there are changes, and I think that these changes will have to be recognised in some of those countries, but while I have to recognise the financial and resource challenges in some of the countries, one organisational group that represents pharmacists, whether in a regulatory or in an association function, is essential. The reason why there are changes (inaudible) in this country, I can fully understand that, because in South Africa we have always operated with a regulator and a voluntary association allied to that.

The CPA offers the Royal Pharmaceutical Society a link to over 43 countries and its members as well as other healthcare organisations in those countries. The Royal Pharmaceutical Society's link with the CPA has also been through its appointed Councillor. Since the founding of the CPA a member of the Royal Pharmaceutical Society Council has always been appointed to this post. In view of the significant changes that will take place in this Council, the CPA would wish to maintain this close link with this Council.

In 2009 the Commonwealth celebrates its 60th anniversary of its inception, and it is set to continue for many years to come. The year long theme for 2009 is "The Commonwealth @

60 – serving a new generation”. The CPA hopes that it also describes the future relationship between the Royal Pharmaceutical Society of Great Britain and the CPA.

The conference in 2009 of the CPA will be in Accra, Ghana when elections for the Officers and Executive Committee will take place. It is important that all member countries are paid up members of the CPA and have an appointed Councillor to represent them at that meeting.

The CPA hopes that the Royal Pharmaceutical Society of Great Britain will continue its support. As an independent organisation, which has the support of the Commonwealth Foundation and Commonwealth Secretariat (which is based here in London), the Immediate Past President and myself are committed to the continuation of the CPA for the benefit of its member organisations and the communities that they represent. A strategic plan for the future of the CPA is being developed and will take into account the fact that its activities in future, as now, have to be tailored to fit within its available resources.

All the major healthcare professions (medical, dental and nursing) have a Commonwealth Association supported by the UK national organisation, and the Commonwealth Foundation support the role of these professions within their role of civil society, and would wish for the CPA to continue.

Mr President, in the pack we have included a statement by Mark Collins, and I believe that Mark will (*inaudible*). I am not going to read that to you, it is in the pack, but I want to conclude that like in his comment he values the input of the CPA in the activities of the Commonwealth Foundation, and in fact we are a tool that the Commonwealth Foundation use in achieving their objectives.

In conclusion I just want to say that the CPA owes its existence to this Council, and for this we thank you. (**Applause**)

The President: Thank you very much for that insightful presentation and of course for the work that the Commonwealth Pharmacists Association does. Very gratified to be associated with that.

Are there any questions from Council that Ivan can help us with? Any further information that you would find interesting or useful to hear?

Mr John Gentle: I think, seeing as Nigel Clarke mentioned cricket earlier today, and you can actually see the Oval from the roof of this building, I think we should congratulate Graham Smith and his boys on their fantastic Test victory in Australia. (**Laughter**)

Mr Ivan Kotze: We really enjoyed that!

Mrs Lorna Jacobs: I think I noticed – I have not had a chance to read through the pack – you mentioned about Pharmaid which was providing I think it was out-of-date medicines to ... I know we have had discussions about this.

Mr Ivan Kotze: Reference books.

Mrs Lorna Jacobs: Ah; thank you.

Dr Catherine Duggan: The detail of my suggestion could be taken outwith of this meeting, but I just wondered whether there was anything further that we could provide the CPA with in terms of resources? I understand the valuable input that text books provide, but I am wondering with some of the developments that we are proposing in the new professional body, and some of the links with our specialist and clinical networks, whether we may provide some current updated information – the detail of which we can discuss outwith, but I think this would perhaps consolidate the relationship between the CPA and the Commonwealth.

Mr Ivan Kotze: Thank you for that suggestion. The CPA, as I indicated, is supported (inaudible) from back here - Mike, who has recently been appointed as the Secretary to the CPA, and Lewis of course is assisting and advising as well. So we will make a note of that.

Mrs Marcia Saunders: First of all, thank you very much, and thank you also for the pack. I saw a number of crossovers with the new professional body in our discussions, and I just thought it was really important and interesting that as a national and international body you are giving a lead to make sure that pharmacy takes its rightful place in the development of all professions, and that is really important. I was also very impressed by the lead you are taking on HIV/AIDS, which I know is a huge thing.

Mr Ivan Kotze: Yes. Well, I think we have all experienced the challenge that in healthcare delivery pharmacy is always on the side, or not really recognised, and I think that in building our relationships in the Commonwealth our professional associations, and linking up with those associations, and then influencing policy development, we must make sure that when the document is prepared and published by the (inaudible) that the name "pharmacist" is there, and it is so important that we ensure that.

Dr Brian Curwain: Thank you very much for the presentation. It is very helpful I think to be reminded sometimes of the rigours of practice in any health profession in something other than a developed western country, and for that I thank you - as we seek to develop a new and modernised professional body for pharmacy in this country, and as a result of that a de-merger. Firstly, your experience having been in that position for a significant amount of time I am sure is valuable, and I would like to talk to you about that; but I think that also going forwards we would anticipate that any serious pharmacy professional body in this country would seek to have extensive international links. So it would be my fervent hope that we will continue to work with you.

Mrs Dorothy Drury: Thank you very much for the pack, and I would like to share it with the Veterinary Pharmacist but unfortunately he is not here. He would be delighted to see this, and the importance of disease from animal sources – TB, malaria, Lyme disease – and very important, pandemic flu. So thank you.

Mr Ivan Kotze: Yes, the booklet that you have is a very interesting presentation done by Mark Collins.

Mrs Sue Kilby: Two points. First of all obviously you have taken time out to come and present to us. Was there anything specifically you wanted to take away from this meeting? Was there anything you particularly wanted from Council?

Mr Ivan Kotze: Yes; thank you for that question. (**Laughter**) There is just one thing, and it is the awareness of the function of the CPA, and to recognise that up to now the CPA would not have been in the position where it is without the assistance and support provided by the Royal Pharmaceutical Society. For us to replace that valuable resource would be extremely difficult, and in your deliberations and the changes that you embark on, we hope that it will be one of the agenda points that you will deal with, and when the time comes to make the decision, I hope it is an informed decision.

Mrs Sue Kilby: Thank you. The second part is, I do not know whether you are aware but in fact there were very strong links between the hospital in Cardiff, very big hospital there, where there is an extensive exchange programme between clinicians. I think it may be South Africa (I may be wrong) where clinicians and pharmacists actually go out and work at one of the big HIV centres out there in the less privileged areas. I am just wondering whether you have any contact or are aware of this happening, because I guess people probably come from other parts of the country and other parts of the world as well to work in some of the less privileged centres. I guess there would be an awful big learning experience by talking and getting information from these people; but they are pharmacists, and we ought to be actively aware of what they are doing as far as their work is concerned.

Mr Ivan Kotze: Yes. I think one of the unfortunate developments globally was the lack of recognition of trained up pharmacists, and then the pharmacists to cross borders to practise their profession being constrained by the regulatory environment in their countries. I think to a great extent that has put a damper on a lot of the services that were provided. Many of the African countries would still recognise a pharmacist (*inaudible*), and of course South Africa, but the reverse is not true. There is always the challenge that if we stimulate that process, it will lead to the brain drain in Africa and other Commonwealth countries. So that suggestion, although very noble, also had its negative connotation, and I think that one needs to balance that in any discussion and promotion of that service.

Yes, there are many health professionals that do provide services in Africa, and I am sure in other Commonwealth regions, and I know that the hospital in Soweto is a famous training ground for surgeons to be exposed to trauma(?). It is not nice to say, but there is a lot of (*inaudible*) and something which might take years before you are exposed to dealing with that in the UK environment.

Mr Douglas Simpson: Thanks very much for reminding us of the valuable role the Society played in setting up the CPA. I think at a time of change like this it is very important that we do look back and see the achievements of the Society in the past.

As a reporter for the Pharmaceutical Journal I had the benefit of attending four Commonwealth Association conferences; I was very fortunate to do so, so I saw the world if you like. But Trinidad was my first conference, and Albert Howells who you mentioned was the President then, and he was regarded as the father of the CPA – a brilliant man, and well recognised, and he eventually retired. But you said you only meet every two years. Well, you pack an awful lot in your Commonwealth conferences, and I can tell you walking past the sun-dappled swimming pool to hear a pharmacist talk in a darkened room all day is the most exquisite form of torture I have ever experienced! (**Laughter**)

Mr Ivan Kotze: Yes, I agree. We certainly have exotic locations.

The President: Well, Ivan will be attending the dinner this evening so there will be plenty of other opportunities to talk about whatever you want to talk about. I do congratulate Ivan today, because while people were struggling to get here from South London, he managed to get here from South Africa! (**Laughter**)

Thank you again very much for coming, that was a very interesting presentation, and thank you; we will see you again tonight. (**Applause**)

We have some honorary memberships to bestow at 5.30, so we have 15 minutes, so we will carry on and see what we can get through. So could we move straight on to Item 12, which is linked to the last item so it seems sensible to do so, which is Paper 5.

12. Commonwealth Pharmacists Association (CPA) – Society’s representative on the CPA Council – Call for expressions of interest

Mr Jeremy Holmes: Thank you. This is to seek expressions of interest from Council members to be the Society’s representative on the Council of the CPA. The current representative is (*inaudible*) Patel, and he is currently one of two Vice Presidents of the CPA and remains as such until the CPA Council meeting in August of this year.

There is not any common fixed term for CPA Councillors, but you will see in the “Action required”, not only are we seeking expressions of interest in becoming the Society’s representative but we are also seeking Council’s agreement that the term of office for that appointment should be two years.

There are some cost implications, and if you go to Item 5 on the second page it is cost of air travel. Ivan mentioned the bi-annual CPA Council meetings and conferences. It is normal for the Executive Committee meetings to be held at the time of the bi-annual conference. So if our representative on the Council is elected to the Executive Committee they play a part in

that as well. There may be additional meetings of that committee in between the main conferences.

So I am seeking Council's expressions of interest by 13th February, indicating skills and experience relevant to the role of a CPA representative.

Mr Andrew Gush: As we were reminded today by Ivan, the CPA was established by the Royal Pharmaceutical Society in 1970, and our continued productive relationship is crucial to both organisations and to pharmacy. This appointment must deliver a message which is consistent with the importance of this appointment and the importance of our relationship. It also must facilitate our strategic objectives of being world influencing and world class. I therefore consider it is imperative that we agree our President should be appointed for the next two years. I seek your support, colleagues.

Mrs Marcia Saunders: Yes.

Mr Martin Astbury: I will take the Chair for a second. Are Council happy for us to agree that, or would you rather we ... ?

Mrs Alison Moore: It is not to disagree with the proposal, but should we see that there is a question before you to vote on that? I just wondered why two years. I am not arguing against two years, I am just curious as to why that particular timeframe, and does that allow for the new professional body to have ownership of whoever it is that is on the Committee?

Mr Jeremy Holmes: If I could just respond. Two reasons really: one is continuity so you can start to understand more about the CPA and start to contribute, and one year is a little tight to do that. The other is two years is the cycle of their conferences, so you need to at least encompass one conference in your term as the CPA representative.

Mr Martin Astbury: Is everyone happy to go forward to make a decision now, or is there anyone who would feel uncomfortable and would rather do it by a written method?

Mr Douglas Simpson: I think the President is the best person to represent the Society on the CPA. I do not think we need a vote. I think we should just take it as read. **(Agreed)**

Dr Catherine Duggan: I think it is a very good message to give to our visitor who has taken the time to come here.

The President: Thank you, Council. I am both delighted and honoured to be your representative, and I look forward to working with you and your colleagues.

Can we move now on to Item 9, please, go back to Item 9, which is Paper 4.

[Council agreed (i) to appoint Mr Steve Churton to the CPA Council, and (ii) that the term of office for the appointment should be two years.]

9. Practice Guidance for the provision of printed Medication Administration Record Charts by Community Pharmacists: proposed recommendation for changes to guidance

The President: Marc, I understand you are presenting this. This is the practice guidance for the provision of printed medication record charts by community pharmacists.

Mr Marc Donovan: Thank you. Good afternoon, Council. The paper is in your pack which gives the background to proposed changes to the practice guidance governing MAR charts, prompted by a number of requests from different stakeholders, including a working group of the Welsh Assembly. That is why the Welsh Board has taken the lead on this to look after and develop the revised practice guidance with the practice team here.

The changes that you see in front of you have been widely consulted with various stakeholders, including the other National Boards, the Healthcare Commission, CSCI, and CSCI's equivalent in Wales and Scotland as well. It moves the current guidance that you have in the back of your appendix in line with a less prescriptive approach and more principle based, suggesting good practice; as well as we have taken the opportunity to incorporate and update the guidance with any other technology changes in this field of practice.

Council is asked to consider that, and these proposed recommendations for change to these practice guidance, and approve this draft guidance, please.

The President: So those changes are in Appendix 1, is that right?

Mr Marc Donovan, Chairman, Welsh Pharmacy Board: That is correct, and the previous practice guidance are behind that.

Mr John Jolley: At this point I should declare an interest in that I am currently Chair of two extra residential care homes.

I welcome a move to try and clarify what the position is. These MAR charts form an integral part of the regulatory process by which most care homes are judged, and there is certainly a great deal of confusion at the moment about the variety of forms, and the variety in which medication is dispensed from various pharmacies, which makes training care assistants very, very difficult. As I said at the beginning I welcome this move to try and tighten the (inaudible). I would like to see it even tightened further. The use of labels on a MAR chart is open to both abuse – I know there are various efforts to make it tamper evident, but I would certainly welcome seeing a printed MAR chart which would then give the assurance, and if that printed MAR chart could be in a standardised format across the whole of the pharmaceutical profession then it would certainly go a long way towards standardising the level of care that people in care are regulated. So I would certainly welcome it. I would like, however, to see a timescale put into this paper as to when we can expect a standardised printed format to be uniformly applied across the whole of dispensing activity.

Mrs Sue Kilby: I am just seeking clarification as to what we are actually approving. Are we just approving "principles of safe and appropriate production of Medicine Administration Charts"? We are not actually supporting the recommendation that we agree to use printed labels on MAR charts, are we? Because that I could not condone. I have major issues about that. It is just it is a bit confusing because of the paper that comes in front of it.

Ms Michele Savage: Perhaps I can clarify. I am here instead of Heidi. What we are actually doing is we are taking a fundamental difference of approach to the way we construct guidance. We are not supporting any one method from another. What we are actually saying is, there is good practice which we are outlining which should abide by the principles that are outlined in the paper. So taking a fundamentally different approach. Instead of saying to pharmacists, "Thou shalt not do X, Y and Z", we are saying, "In the course of your actions and in the delivery of services you should abide by the principles laid out in the paper". This is the style of guidance that we will be seeing alongside the new Code of Ethics, and that is the result of changes that have been made to the Code of Ethics, and a total style change.

One of the issues that was considered by all of the organisations that were consulted on this guidance was about the relative values of risk, and pharmacists using their professional judgment, and whatever method they decide on for MAR chart production, they should make sure that it is to an appropriate standard, that it is tamper evident, and that it provides adequate information for the administration of medication to be undertaken. So we are moving totally away from being prescriptive; we are not saying we support one thing or another.

In response to John's comment about the electronic MAR charts, as a part of the piece of work, we have clearly identified there are developments ongoing in each of the three countries towards the development of IT solutions for the problems that John has identified. That work is ongoing with the NHS IT programme initiative.

Mrs Sue Kilby: But it is also important that it complies with the local regulatory requirements as well. I know there are three different organisations for the three different countries; so it would need to comply with that as well, would it not?

Ms Michele Savage: They have been involved in the ----

Mrs Sue Kilby: I know. That is why I know that they are particularly not happy with the concept of using printed labels. So we need to ensure that does not happen.

Mr Andrew Gush: I agree with John; improving quality should be something which we consider all the time. But in terms of labels, not all labels are peelable. So I do not have an objection to using labels if they are unpeelable. If we are going to go down the road where everything has got to be printed, obviously there is a resource implication to our community colleagues who are under a lot of pressure on their resources at the moment. So if we make recommendations which improve the quality – which I am certainly for – we should also be informing the PSNC that they need to get this well resourced as well.

Mr Alan Kershaw: I have no point of substance here, but as drafted it just starts a little bit baldly, and in line with the new principle based approach to this I wonder if it would be helpful to start it under the heading with a reference to the relevant principles in the Code of Ethics itself to show how it hangs off those pegs. That is certainly how the Code was devised. It will not change in substance, but it does start rather in the middle of affairs with the assumption that we all know what we are talking about. To start with a couple of the headline principles, or the second level principles from the Code itself, would just set this in context. I do not think we need to agree a draft today.

Professor Nick Barber: Well, we finished a large study of dispensing errors, administration errors, prescribing errors, monitoring errors in care homes, and there were 55 care homes which the Department of Health is just working through a Press release for us. So I cannot tell you numbers, but I can tell you that MAR charts are a very significant element of the causing of errors and the amount of harm which is happening to patients. So this is really important.

One of the biggest causes of harm is not following Principle 4 which is a bit – perhaps could have been a bit firmer – but it is not taking items off the chart. What happens – and I have seen a chart for one patient with 37 items and was taking 7. It is easy for the care home to get some more drugs if it is a prescription. The patient has stopped taking the drug, and then they start it again later, they do not want to get the doctor out and all this sort of thing. So it really does encourage slack practice, and dangerous practice, so Principle 4 is particularly important.

Mrs Margaret Allan: I would just like Council to endorse what we are trying to achieve here, which is actually empowering pharmacists to start assessing risk benefit to patients. We are professionals at the end of the day, and I think sometimes we have been too prescriptive. What we are saying here is that we are enabling a pharmacist to make a decision as to what is the best outcome for this patient, and it might not be a perfect solution but it enables that patient to take their medicines more safely. It may not be a perfect solution, but if it enables that then that is surely something that is good for the pharmacy profession. So I would hope that we would endorse this statement.

Mr John Gentle: I think in general I would support John's comments about printable MAR charts. I know that the ones we use in the pharmacy where I work are printed and there are advantages. It means you cannot transpose labels on sheets or anything, and the PMR audit record on the PMR system at work marries what is on the MAR sheet and gives us a printed copy of it. So it is safe in that respect.

In terms of standardising them, the thing to do would be to talk to the suppliers of the equipment (*inaudible*) software and these kind of people; look for a standardisation of principles. These things do not have to be exactly the same from system to system. So that

a pharmacist used to working one will instinctively recognise another; and a carer, more importantly, in one home can recognise them. So talking to the people about the software for these programmes I think is probably the way to go.

With regard to Nick's comment, I know that some of the biggest problems we have is trying to ascertain, patients go into hospital, come out of hospital – trying to ascertain the surgeries about changes in medication, not just in sheltered accommodation or homes, people on NBS cards, but perhaps generally (*inaudible*). I think the majority of these errors – it helps immensely if pharmacists can be on the ball and can pick these things up, but these things emanate from surgeries, and it is the lack of control in the surgery about prescribing medications that are not needed that is the biggest single problem, in my view, in that area. Finding some way for pharmacists to work closely with the surgeries and better communication between the hospital and pharmacy and the surgery is probably the biggest single thing. But in terms of standardising the forms it is a good idea. Printed (*inaudible*) better. Working with the computer software designers is probably the way to go.

Mrs Alison Moore: Just to say I endorse the way of going with principles rather than detail. I think it is by far the best way to go, and if the majority of pharmacists believe that printing is the best way to go, then that is what they will do, because they will be abiding by the principles.

The second was just to ask, has somebody looked at the language in terms of the “shoulds” and the “musts”? Have they been carefully thought through? I have not looked at them. I just noticed a smattering of “shoulds” and a smattering of “musts” and I think we need to be quite careful as to which ones have to be done and which ones not.

Mrs Dorothy Drury: I am very happy with it, it is very thorough, but I just cannot help but notice on 10 of 10 – “new prescription issued on the 28-day cycle”. I am afraid we still have some 56-day cycles, and that is a big risk.

Mrs Beth Taylor, Chairman, English Pharmacy Board: I entirely support the risk-based approach to this. Sadly, in my previous lives, I have been in an awful lot of residential and nursing homes in an inspecting capacity, and I have seen an awful lot of things that will live with me for ever, I am afraid. So I would just want to draw attention to the point about any changes in recorded activity. When labels have been used on these charts I have more often than I would have liked to seen them stuck on and obliterate information underneath which is then not visible. Therefore, you cannot look back and say, “What did this lady receive on this day?” because the information has been obliterated. So please could you look at the wording and see whether it would cover that eventuality, and prevent that happening in reality.

The President: Okay. So with those comments on board, are Council happy to agree these principles? (**Agreed**)

[Council **approved** the draft guidance on MAR charts, which would replace the existing Council guidance on “Practice Guidance for the Provision of Printed Medication Administration Record Charts (MAR) by Community Pharmacists for Use in Health and Social Care Settings”]

Thank you very much indeed. So with that, we will bring our guests in now.

The President closed the meeting, to be continued on 4 February 2009.