

Transcript of the Public session of the Council meeting held on Wednesday 4 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].

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PUBLIC BUSINESS

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 R Jobling
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 morning, Council. Let us kick off where we ended yesterday and just to say apologies today still from David Thomson, Yvonne Liddell, Jane Ramsey, Kay has got to leave at about 10.45 am and Marcia will be arriving later this morning, Sandra Melville and Bob Michell. I think that is everybody who made it in today.

10. Public interest and health issues

The President: If we can kick off with item 10, which is public interest and health issues, none have been notified.

13. Work streams briefs

The President: So we will move to item 13 for noting, which are the work streams briefs, just for noting.

[Council noted the briefs describing the scope of work in the different work streams, which had been made available on the Council microsite.]

We are waiting for Eileen so we are going to move ahead to item 15, which is paper 8.

15. Referrals from Education Committee: Review of CPD records maintained on paper

Mrs Sue Kilby, Chairman of Education Committee: This matter came up to the Education Committee, actually not the last one but the previous one, and obviously we were asked to consider CPD records and whether it was possible to actually initially move to a complete

electronic system. What had actually created this to come forward was because, as you are probably aware having read the rest of the Council papers, there was a pilot where in fact they actually undertook a review of records and there was a mix of records, both electronic and paper records.

Out of this review it actually became clear that a number of people were obviously keeping paper records and it was taking longer to actually review these paper records. That was for a number of reasons. One was because they were having to be scanned into the system so that they could be reviewed in the same way that the electronic ones were being reviewed and obviously, this was not necessarily a straightforward exercise but also, interestingly enough, people who were keeping paper records were actually keeping more information on the paper records.

So Education were asked, first of all, were we able to recommend moving to electronic records? We discussed this and we are putting forward the recommendation that actually whilst we would like to advise and recommend where possible members keep electronic records, we do not at this point in time feel that we can actually stipulate that all CPD records should be kept as electronic records. We feel quite strongly that it would be appropriate to allow members to keep either electronic or paper records at this point but with the caveat that wherever possible people should be encouraged and promoted to keep electronic records.

As I have already highlighted, it was also clear from the work that was done from the pilot that there were increased costs associated with actually keeping paper records and reviewing paper records.

If we agree that it is reasonable for our members to maintain paper records for CPD, we did not feel at this point in time it was appropriate to actually penalise the members for keeping paper records. In other words, we did not think that we could actually charge them an increased fee for actually reviewing paper records instead of electronic records. I believe the cost was estimated at about £35.80 per record. This is likely to lead to an annual overall cost of about £72,000 for the Society which is a mix of actually the cost of actually scanning these papers in and also the staff time and actually ensuring that they are in an appropriate format to scan in and needing personnel to actually undertake that activity.

It is considered and we recommend to Council that it is appropriate for the Society, and we are looking at it from the regulatory perspective in the future going forward, should actually bear in cost at this point in time. So that is the recommendation that we are putting together to Council to consider. One is that we should permit our members to still keep paper records, as I say, with the recommendation that people should be moving and wherever possible should be encouraged and supported to keep electronic records and, secondly, if we agree with that, that we should then be prepared to bear the increased costs for actually undertaking that process. Thank you.

The President: Thank you, Sue. Any comments on this?

Mr John Gentle: When you said it was around £2,000 per record, do you mean if you have six items of CPD a year, that is £12,000 per member, or is it £2,000 per member's record?

Mrs Sue Kilby: No, £35.80 per member and we reckon it is about £72,000 overall for the costs for the year.

Mr John Gentle: That £35 is for every record, each individual record any individual makes, not for an individual's annual record?

Mrs Sue Kilby: I believe, and I am sure Peter can correct me on this.

Dr Peter Wilson: It is for the record, not the number of entries.

Mr John Gentle: So if you do ten CPDs a year, it is not £350 for you, it is £35?

Dr Peter Wilson: That is correct.

Mr John Gentle: And that covers about 2,000 members then is what you are looking at?

Mrs Sue Kilby: Yes, I mean, obviously, we do not know exact numbers at this point in time but that is our best guesstimate.

Dr Peter Wilson: It is the estimate based on the number of people in the pilot of just under 1,000 who wanted CPD records maintained on paper. I think the other piece of information that comes out of the pilot was from the independent research we commissioned from the Welsh School of Pharmacy and the people who took part in focus groups, the members who took part in the focus groups, were very much of the view held by the Education Committee, that maintaining the ability to keep CPD records on paper is important to the profession and something that Council should retain.

Mr John Gentle: Would it be fair or is it just an ageist assumption to make that those people making paper records are, let us say, in the second half of their career?

Dr Peter Wilson: I cannot comment on that from --

Mr John Gentle: I would imagine -- James would be able to say, for instance. I would imagine that James and his colleagues will be far more likely to make submissions on line because they are used to doing more of their life on line now than people of my age and above so that cost is a diminishing cost, I would assume.

Dr Peter Wilson: It is a reasonable assumption to make. The only evidence I can quote is from the electronic survey we did with PARN where the median age of the group that took part, and there were 1,900 members that took part, the median age was about 45, and the maximum age was in the 70s.

Mr John Gentle: I certainly do not think we should start charging people for making paper records and so I would support the recommendation, just to make that clear.

The President: Thank you, John.

Mrs Kay Blair: I wondered if you considered putting a time limit on the amount of time that people might take to transfer to electronic records perhaps with an expectation that within two to five years everybody would be doing it electronically.

Mrs Sue Kilby: Do you want to come back on that, Peter? Obviously, we are going through a fair amount of change at the present point in time.

Mrs Kay Blair: Would it not be appropriate?

Mrs Sue Kilby: The organisation, as it stands at the moment, would not be the same organisation. The relevance of CPD records is likely to change going forward anyway but I do take note of your comment and I think it is actually a very reasonable suggestion.

One of the issues that we have at the present point in time is actually making sure that people not only do the CPD but actually record the CPD and the other issue that was actually raised was also we need to have a system which is appropriate for the technicians going forward as well.

Mr Martin Astbury, Vice-President: One of the first things that the new regulator to GPhC will be doing is looking again at CPD and therefore I think we are quite happy to leave it over for them to have a look at that issue.

Mr Douglas Simpson: Just for the record, as the oldest person here, I do my records on line.

As a serious point, are these costs actually going to be incurred or are they theoretical costs? Are we actually in the business of mass CPD or is it a system still in the pilot phase?

Dr Peter Wilson: The plan is to start the formal call and review of CPD records in the course of 2009 so in the first year we are likely to incur half the cost.

The President: Any more comments? I move to agree to (i), please? (Agreed) ii? (Agreed) (iii)? (Agreed) (iv)? (Agreed) Thank you very much.

[Council agreed (i) that the recording of CPD on paper should continue to be accepted by the Society when routine CPD review begins; (ii) that registrants who maintain their CPD records on paper should receive the full review and feedback service provided to those who kept electronic records; (iii) that all extra cost associated with processing paper records would be absorbed by the Society in the first instance; and (iv) that making electronic CPD records more easy be explored.]

16. Referrals from Law & Ethics Committee

The President: Moving on now to item 16, referrals from Law and Ethics, David.

a) Standards and guidance for continuing professional development

Mr David Carter, Chairman of Law & Ethics Committee: Thank you, President. Council, if I can refer you to paper 09.02/C/09, which is standards and guidance for CPD under the Code of Ethics, before I start, just to remind you, the recording of CPD is important and helps to illustrate how a pharmacist or a pharmacy technician is keeping up to date. Council agreed that CPD should be implemented under the Code in April 2008 and the Revalidation Advisory Group should be asked to advise on appropriate standards for CPD recording. The RAG agreed the standards in July 2008 and subsequently confirmed and commended an initial draft of the standards and guidance for inclusion in the Code of Ethics.

The Law and Ethics Committee agreed the draft should be published for consultation in October 2008. The consultation ran for eight weeks concluding in late December. There were approximately 1,000 responses to the consultation which is a large number for consultation on the Code. A majority endorsed the standards and guidance while offering some editorial suggestions. There was a strongly expressed view that there should be absolute clarity about the minimum of CPD entries required each year and that this was not achieved by suggesting a range.

The Law and Ethics Committee have discussed the responses and agreed to recommend a slightly revised document that contains a minimum standard of nine CPD entries per year and guidance that recognises that registrants will usually exceed the minimum requirement. Law and Ethics did have a frank and open discussion about this. The question that was out there offered a range of between six and 12. We have always said to members that one good entry a month is the target that we have talked about. Law and Ethics discussed this for quite a long time. It was quite heated. Eventually we ended up with the figure of nine, which is roughly one a month, but recognises busy work periods and things, and nine is the compromise, between six and 12.

The Committee has seen and endorsed the final draft that is before Council and recommends it is adopted as part of the Code of Ethics. Peter is here to take questions.

The President: Thank you, David. Just for clarity, we are referring to appendix 2 to this paper. Andrew?

Mr Andrew Gush, The Treasurer: Good morning, colleagues. Could I draw your attention to appendix 2? Paragraph 1.2, makes reference to a minimum of nine entries per year as opposed to six in the consultation document. The consultation results, page 5 of 10, indicates that 85 per cent of respondents have no desire to change this and 60 per cent do not want any changes to the document at all.

Surely any change to the minimum suggested in the consultation document should be accompanied by a full package of enhanced professional support, including a new electronic

record format and a peer review, with a view that any increase to the minimum entries in the consultation document should be phased in over a couple of years as enhanced professional support becomes the norm, or we will be perceived as a heavy-handed regulator with a disengaged membership rather than a member focused quality driven 'must join' organisation. Thank you, colleagues.

Dr Catherine Duggan: Thank you very much for the paper. I was wondering, given the developments to regulation that is happening across all health professions, whether we looked at any other members that have recorded the CPD activities that they have to undertake.

The President: Peter.

Dr Peter Wilson: I think it is complex because there are very few regulators which maintain a CPD system which is comparable to ours and there is still a great deal of counting of events and hours committed to continuing education to the exclusion of thinking about CPD and the impact on learning.

The only regulator which I guess is directly relevant is the Health Professions Council, and they are currently in the same mould as we are with not making a specific recommendation but they do have a standard for calling in records and inspecting them.

Dr Catherine Duggan: Thank you for that. I just wondered whether it might be worth us putting that in because then that looks as though we have been -- (inaudible)—in our considerations, and it is a murky area.

Mrs Sue Kilby: I have real problems about getting too hung up about numbers of six or nine or anything because, it is interesting, at the revalidation meeting I was talking to one of the people who were actually there and she was talking about her recent entry for her CPD. Now, she was actually talking about -- she wanted to set up an obesity clinic and she was setting up an obesity clinic. Her CPD involved doing a complete literature search of what was actually happening, talking to a whole range of people as to what was appropriate for her to be doing as far as obesity training was concerned and she actually found out that in the GP practices the people who were offering advice on obesity trained as a health trainer. So what did she do? As part of her CPD she went off and included her training for becoming a health trainer. To get there she had to actually meet the standards for NVQ in the first place so that also involved work. That was one entry for her for doing CPD, what she needed to do to actually set up an obesity clinic. Now, to me, that is a huge piece of work and it is actually linking into advance in practice in many ways. Other people are maybe answering or entering something that they have looked up in the BNF as one example of their CPD. Now, I know CPD has to be relevant to your scope of practice but the whole issue is that people are interpreting it in very different ways as to what one entry is.

The other issue which we need to be aware of is actually CPD has to cover a range of areas that are relevant to practice. So, you know, getting too hung up about having six entries or nine entries on one area of practice actually does not meet the requirements for CPD if you look at it in its broadest context.

So I just have concerns about being too prescriptive over whether we do nine or whether we do six and I just think we need to treat this in the sense that it was intended and be perhaps guided by our experts like Peter.

The President: What would your suggestion be, Sue?

Mrs Sue Kilby: Well, I am happy to leave it as it actually stands, where there is a range, because when people are actually reviewing the CPD records they will then have some understanding perhaps of the level and the depth and if somebody has put one entry in of how to set up an obesity clinic, that may be more than people have actually recorded for their total nine entries by someone else, and there has to be some discretion actually given to the way that it is actually interpreted.

The President: So your view would be to leave it as a range?

Mrs Sue Kilby: Yes, I am quite happy with that.

The President: Andrew, do you want to come back?

Mr Andrew Gush: I agree. Initially when I spoke, I suppose I made a statement. I would like to ask a couple of questions, if I could, of David. You had a consultation. The consultation clearly said that the majority of people did not want any change to the consultation document which says, in the good practice guidance, six entries and you have gone for a compromise of nine. Who are you compromising with?

Mr David Carter: I think I said there was a strongly expressed view that there should be clarity on the -- the range was confusing for people. They were not sure if they did 13, was that acceptable? What happens if I do five? So I think the idea -- Peter, could you come in on that --

Mr Andrew Gush: The question I am asking, David, it clearly shows in your chart that 85 per cent of people did not want any change to the consultation document and had no desire for change and 60 per cent of people said that they certainly did not want change. That is quite a significant majority saying that they are happy with the six entries which I think is a great starting point. Why make it difficult before we have got the full support package in there? It just seems that you have a consultation. It is very, very clear and it is ignored and I just find it confusing.

Dr Peter Wilson: I think that is taking a rather cut and dried view of what was a response which contained some inconsistencies in the way that people expressed themselves.

Mr Andrew Gush: If you have 60 per cent people, there is tolerances there, is there not?

Dr Peter Wilson: Quite a few of the people who expressed a view that there was no change required then went on to suggest changes and what was actually happening was that they had a closed question with two choices, "yes" or "no", and actually what they meant was "maybe". They went on in their comments to express those views.

I think the other thing that is worth making Council aware of is that there is a history to the range which began with the work of the Revalidation Advisory Group which set the original range at six to 12, not because they thought there should be a range but because they did not feel competent or sufficiently empowered to instruct the Council and the profession on what the minimum number should be. When that view was taken to Law and Ethics Committee on 24 October, and unfortunately that is a meeting I had to miss, Law and Ethics were asked in the paper to set a minimum and they elected, and I was not there so I cannot comment on the discussion, to put the range to the membership in the consultation. People who responded to the consultation, regardless of what they said to the closed question, expressed quite firm views about the confusion that was created in their minds by being presented with a range of entries per year. They did not understand if six was the minimum and 12 a maximum and that there would be penalties or could be penalties, in their view, for exceeding the maximum. It is total rubbish, of course, but that did not stop them having that confusion and expressing it in the consultation.

So in the meeting of Law and Ethics on 6 January, to which David has referred, it was appropriate to have that full conversation about whether or not there should be a minimum and what the magnitude of that minimum should be and that consultation, that discussion, was held in the light of the results from the consultation which were quite clear to members of Law and Ethics Committee at the time, and that has led to the recommendation to Council firstly that there should be a firm number and, secondly, that that number should be set at nine, although clearly it is for Council to discuss and decide whether or not that is correct, and, thirdly, a view expressed quite strongly by Gerald, that in the guidance registrants should be advised that they will probably feel motivated to make more CPD entries than nine in the

course of the year but nine is the minimum.

Mr President, there were a number of members of Council present at Law and Ethics as full members of the Committee and they are here today and it might be helpful to hear their views of that debate.

The President: Thank you, Peter. Yes, I was going to get to those. John, first.

Mr John Jolley: I think we are guilty of slavishly following the numbers game. The point that has been made very eloquently already is that the quality of some of these entries will demand considerably more time than others and what we do not want to see is people just totting up the number of entries for the sake of the number of entries. We want to see quality work. This is an opportunity. We used to judge CPD, or CE as we used to call it, on the number of hours that a person would be expected to devote to the work during the course of a working year and I think that is a far more realistic estimate to say, OK, the number of entries you make can be very much your choice but we would expect you to be able to demonstrate that you have completed at least a minimum statutory number of hours during the course of the year on whatever entries that you -- so we are not focused just on making, as you say, references to entries in the BNF.

Dr Peter Wilson: If I could come back, Mr President, I think there are a couple of other things that are germane in the argument. The first is to say that if Council agrees to a minimum number of CPD entries to be recorded in the course of a year, there will inevitably be a delay of 12 months before we can expect members to have met that standard and that will take us, depending on the start date, into 2010 as an absolute minimum.

I think the second thing that I would encourage you very strongly not to lose sight of, and which was part of the Treasurer's opening remarks, is that it is the intention of the Society as a professional body as well as a regulator to support its members in the conduct and recording of CPD. That support can and should contain evidence on what to do with very large chunks of learning, as Sue Kilby has described. It also provides the Society as the forerunner of the professional leadership body with the opportunity to demonstrate to its members how that support can be provided in the light of the conclusions of our meeting today and the standards and guidance for CPD.

So it represents an opportunity for the Society to demonstrate its professional role, its leadership role for the members, at the same time as introducing standards and guidance which are not intended to be a regulatory truncheon. We can go back to the discussion we had in April 2008. They are intended to provide more structure for the recording of CPD and more guidance formally than we have had previously since CPD was introduced in 1999 and to provide support for those members particularly who share the degree of confusion which Sue has described about what is appropriate to record and how to record it. Thank you, Mr President.

Mrs Sylvia Hikins: I would be very disappointed actually if Council today did not support the decision of the Law and Ethics Committee. We had a very full debate and there was a unanimous decision that nine seemed a fair -- there was a unanimous decision, Martin, because you are not a voting member.

Mr Martin Astbury: One of your members over there who did not --

Mrs Sylvia Hikins: OK, all right, it was a virtually a unanimous decision. Perhaps there was one dissenter. I think we have to consider as a profession what is fair and reasonable to ask pharmacists to do in their own personal continuing professional development. I do not think it is unreasonable to set as a base line nine entries per year. I suspect that most bright-eyed and bushy-tailed pharmacists are on line adding to their CPD monthly and doing it.

I take the point about the weight of entries and all I can say with Sue and her friend about the obesity clinic is that if I was doing that, you do not set an obesity clinic up in a day and I would certainly make that several CPD entries. It would fuel me for a long time in my professional

development. What a wonderful opportunity.

I am more concerned about those if there was a minimum standard of six that would just simply put six BNF entries. Is that what we as a profession seriously want our CPD to reflect? So I hope you will support the Law and Ethics decision. I do not think nine as a minimum is onerous. I think it gives very clear guidelines to our professional pharmacists as to what we expect from them and, given the extra guidance and support that the Society is now giving, I cannot see any major problem for pharmacists in completing this.

The President: Thank you, Sylvia. Dorothy, do you want to come in?

Mrs Dorothy Drury: We have had quite a full debate. I suppose we were just a bit worried that six might not seem a lot and that is -- you know, why nine? Could you have built from six to nine, you know, onwards?

The President: Does anybody else in Law and Ethics like to -- Law and Ethics people, first of all. Gerald?

Mr Gerald Alexander: We sought the advice of staff within the Practice and Quality Improvement, also that directorate, and also from Education and the discussion -- we looked at the information that was provided, the figures that were provided, but that does not automatically lead us to make a decision based on figures.

We considered a range of options and we thought that as the Society is moving forward and the establishment of a General Pharmaceutical Council in 2010, that some reasonable guidance needed to be given and in support of Law and Ethics, Chairman, I think we came to a very reasonable decision based on all the information we were provided with and we were asked for a specific number. It was very difficult to get to that number. The range was interesting but the idea of a number like that, and Peter already alluded to the fact that more CPD -- we are not stopping anybody from doing more than the range that is suggested. What we are suggesting is that there are possibilities during the course of the year, it could be a holiday, that if you were doing one piece of work a month, and the suggestion is 12 pieces of CPD per annum, if you were perhaps on holiday during the month of August, you were sick one month, and a month for the Christmas period, if you took three away from 12 you would come up with nine. It is not that we wanted to dumb it down to the level of six because six is not looking forward. It does not send the right messages to the profession and it does not send the right messages to the public that we are doing enough CPD. So I think it was really trying to strike a balance and being reasonable not just for our members but for the public as well. So this is a starting point and presumably there will be some changes made during the fullness of time.

I think it is reasonable just to accept the recommendation of Law and Ethics. After all, we did take a long time. We constituted a meeting, we had all of the Council members there, and we had members of staff there. It was all very costly and it would be unfortunate to overturn a recommendation that came from Law and Ethics. So I think it is an entirely reasonable suggestion.

The President: Thank you. Brian, do you want to add to that?

Dr Brian Curwain: Gerald has just really said what I was going to say. They have kicked it around extensively and I think we should accept the recommendation. There is nothing unreasonable in this document, in my view.

Mr Martin Astbury: The pharmacists are doing CPD and they are doing CE. They are doing it regularly. What we are looking at here is the minimum requirement for actually recording that CPD. I think it is wholly appropriate to -- I completely support -- these standards are absolutely excellent and I commend the team on producing them and putting them forward. What I would like to propose is an amendment of six to 1.2 rather than nine. The reasons around that are -- there are a number of reasons. One is we have full-time member pharmacists and we have part-time pharmacists and a part-time pharmacist who is working

two days a week, this would mean, if we have nine entries, then for every five days that they work, they would be making a CPD entry. If it was six, they would still be making one every eight days that they work. The GPhC will be looking at this as a very early piece of work they will be looking at. So I see absolutely no reason why as a starting position we cannot have six and if the GPhC, the new regulator, believes that it needs to be increased, then they can increase it at that time.

As was alluded to before, the original consultation went out and 85 per cent of people said that it did not need adding to. Now, looking at the actual results that came back from there and looking at what we have got in front of us, some people said six was too high, some people said six was too low. Often it was interpreted that it was a minimum of six and a maximum of 12. That was in the report. Those were all directly in the report. I actually think that most people who filled out that form, I think there was an enormous number of people who replied to that consultation as it being six because in the original consultation document, and I have got copies here if anyone wants to see it, in 1.3 there was some ambiguity because it said make between six and 12 entries per year. That is where people -- some interpreted it as a range and some interpreted it as a minimum of six and some as a maximum of 12 and others as a range. However, in the guidance further down, we clearly stipulate that you should aim to reflect on your practice at least once per month and make some entries that start at reflection as you are likely to learn more than you need through working as a pharmacist or pharmacy technician to complete six entries per year. That was clear. That was in the consultation document that everyone had in front of them. They have sent back their answers to this consultation document and now we are overturning what they have suggested as their recommendation, which we can if we have good reason, but I do not believe that I have seen or it has been explained to me exactly why we are overturning that and I realise that the caveats that have come back of people having answers to the "yes", "no" answers as well. So I propose six.

The President: Alan?

Mr Alan Kershaw: Thank you, President. I support the recommendation in the paper. I just want to speak against the argument that because someone is working part-time they should do less CPD. I am sorry, if you are working two days out of five that is your business and not mine. My business is to make sure you are not 40 per cent – you will remember from yesterday I can do percentages. I am a scientist and still less a mathematician. I expect you to be 100 per cent up to date, not 40 per cent up to date even though you are working 40 per cent of the time, so that is not an argument.

We employ committees to pre-digest these things for us and I support the recommendation.

Mrs Lorna Jacobs: I think Alan has actually said almost exactly what I was going to say.

The President: Thank you. Seema?

Ms Seema Agha: I think from a public profession, we had to come to some sort of compromise, not the *de minimis* but somewhere not too high but something that was quite proportionate and what the public would expect but what the profession could achieve. I do CPD and I do think we have to simplify the process of CPD here. We do it by the number of hours, we do not do that many paper trails and I think it is costly, has to be much more effective and achievable and financially proportionate.

I think also it is very unfortunate that committees spend a lot of time, as we did very carefully, a very considered debate on CPD, a very important issue, to come around and on the hoof try and turn it around. I find that quite insulting as a Committee member that there is not trust. Some of us have got expertise around the table and do CPD ourselves and know what is expected of us and the public and there has to be some trust by Council when responsibility is devolved.

The President: Can I just ask a question, first of all? This seems to be the only contentious piece of this whole paper and we are focusing on this one issue. Does anybody else have

any issues in any of the rest of this Appendix 2? No. OK, just for clarity. John?

Mr John Gentle: I am loath to jump in with Gerald with his expertise in subtraction and Alan and his expertise on percentages. It is like a Stephen Hawking convention here.

I think we should be clear about why we are asking people to do CPD really because the recording of CPD in itself is pointless and the recording is there so that the Society can monitor what the members -- it seems to me that persuading people to get into a regular habit of reflecting and learning and looking and the act of recording helps to concentrate on what you are doing rather than simply -- all pharmacists update themselves. All pharmacists will look stuff up on a daily basis. You are asked queries that you do not know the answer to so you have to go and research those and it is a form of CPD and it is simpler than the recording of it. Persuading people to get into the habit of doing CPD is what we are on about here so it becomes a regular thing and it does not become a chore, it just becomes part of the job whether you work one day or five days a week. I think that is the business we are in with this paper and its concept.

I do not think -- you could argue that nine is a 50 per cent increase in the minimum requirement. You could also say that nine is not a change, it is simply a clarification because nine is within the range of six to 12. I am not aware, and I suspect Law and Ethics is not aware, of any evidence that says nine is better than six or six is better than 12, or whatever. There is not anything that says that a specific number is the absolute apex of learning with regard to this and, like what I said before, it is simply about trying to get people into the habit of doing things, into the habit of doing CPD, so that the number in itself is irrelevant.

But I think we do have to be a little bit careful. The Society got itself into a little bit of a phoney war over CPD because there were huge fanfares about recording of CPD two years or so ago when branches up and down the country were packed, and certainly my branch and branches I went to, the biggest branch meeting they had was on CPD because a lot of people -- and there were about 18 members of my branch who retired from register simply because they were concerned about CPD and about the perceived workload that they would be given.

CPD was a huge issue and then, from the average member's point of view, nothing happened. The Society was sort of damned if it did and damned if it didn't. If we had gone in with the Doc Martens and the size 9s and really took the stick to the members and said "You must do your CPD, you haven't done your recording, we will be having you up before the Stat Com", then we would have been rightly criticised for taking a heavy-handed approach, but I think maybe we have made a little bit of a mistake by taking too light-handed an approach in the sense that there has been no consequence for people who have not recorded their CPD in the last couple of years. If we now start to come at them -- I know we will be talking about non-referral in another paper here, but if we now start to come to people and say "If you don't do nine, a 50 per cent increase, suddenly there will be disciplinary sanctions taken against you", we have to be very careful about how this is implemented and what kind of message we are sending here. We want to send a message out that people should get into the habit so we want to encourage people, and I would certainly prefer carrots rather than sticks, but because of our record of implementing this in the past I do think we have to be very careful that -- let us be honest about this. There is a large number of the membership out there who are doing no CPD. There are various anecdotal and some research evidence from branches, I think one in the north of England that shall remain nameless for the people who go to the branch, whereby the members in the branch are very honest and they simply admitted they were not doing any CPD at all.

So we have to be careful about what may be perceived by the members as upping the lower level for minimum CPD when in reality the lower level is zero at the moment because this has not been implemented at all. I can understand why that was done, we want to take a softly-softly approach, you want to bring in the concept, let it lie for a while, and then slowly ramp it up so that people get into the habit, but I do think we have to be careful though.

I think nine is a fair compromise. I think the comments that Gerald made about having the summer and Christmas off, kind of thing, and doing one a month, it leaves you with nine a

year, I think that is reasonable. I know that Law and Ethics is probably sick of the sight of this topic because it has been kicked around by them on more than one occasion and somebody mentioned we have discussed it but we have discussed it more than once. So I think we should -- I would prefer it if we just agree that nine is a compromise. We have to have a number. We have to get over the concept of the minimum. Nine seems reasonable. It comes from the Committee. I think we should accept it and move on.

The President: I think we have spent enough time on this particular topic now. My proposition is to ask Council, unless anybody wants a vote on this which I would find disappointing, I would ask Council to agree to the proposal from the Law and Ethics Committee. (Agreed) Thank you very much, Council.

[Council agreed the professional standards and guidance on CPD recording developed to support the Code of Ethics for Pharmacists and Pharmacy Technicians as circulated.]

b) Addition of non-compliance with CPD requirements to the list of cases which would not be referred to the Investigating Committee

The President: Item 16(b), David, you are on again, and it is more CPD.

Mr David Carter: Thank you very much, President. Council, if you could look at paper 09.02/C/10, this is the addition of non-compliance with CPD requirements to the list of cases which would not be referred to the Investigating Committee.

It really follows on from what we have been talking about on paper 9 where we are proposing a more supportive role. So really further to the decision to agree the standards for CPD, Law and Ethics Committee agreed that in order to adopt Council's supportive approach to CPD non-compliance with CPD requirements should be added to the list of cases suitable for non-referral.

The President: Would anyone like to comment on this? Are you agreed? (Agreed) Thank you very much.

[Council agreed the inclusion of non-compliance with CPD requirements to the list of cases that were considered suitable for non referral to the Investigating Committee]

c) Posting of medicines

The President: Again, David?

Mr David Carter: Thank you once again, President. This is paper 11 and this is on posting of medicines. Law and Ethics Committee are recommending a change to the professional standards for the delivery of medicines to allow a pharmacist to deliver medicines to a person other than the patient or carer who has been specifically designated by the patient. We have actually discussed this paper already. It went back. It has been amended and, you know, it is ready for agreement today.

The President: Perhaps could you just highlight the amendments made since last time?

Ms Priya Sejpal, Head of Professional Ethics: If you look at appendix 1 and appendix 2, we have got some tracked changes. Really what we have introduced here is a slight changing to the wording. I think at the last Council meeting we had used the term "third person". Here we are talking about the specifically designated person and obviously the need to obtain consent for that. At Law and Ethics we have agreed that if Council today agree these amendments, we will be looking at some guidance at our next meeting so that the two can go hand in hand.

The President: Thank you. Nick?

Professor Nick Barber: The only issue is consent, whether we are considering verbal consent or whether you want to do it as written consent.

Ms Priya Sejpal: In all honesty, we do have a standards document for patient consent and one of the key issues with consent is there will be specific situations where you do need written consent for certain things but actually sometimes the idea of getting a signature for certain other things is a bit of a grey area because you might think, "Well, I have got a signature, it's all fine". In fact, it is actually the information you give the patient, the information that they request from you and their understanding, and sometimes you could argue that you might have a signature but if they have not had the full information then the signature is not really worth the piece of paper it is written on.

We could advise people to obtain a signature but I think the other thing is it is actually just making sure that the patient knows exactly what is going to be happening with that delivery service.

Professor Nick Barber: I think there are two issues in what you are saying. One is how to obtain consent properly and the second is whether there is a written record of it and I do not think we are addressing how to obtain it properly, it is just whether there is a written record. I could see here it could be quite -- there could be difficult situations with patients at home who have a mixture of carers perhaps coming in. It can be quite hard to get written consent, I would suspect. On the other hand, we just need to make sure that we are not going to have a situation in which people are being hoodwinked that there is some verbal consent. So it seemed to me quite a tricky issue as to whether we have verbal or written.

Ms Priya Sejpal: I think what we will end up doing is addressing some of those scenarios within some guidance that we issue with it. I am not sure that we are definitely in the guidance saying it must be verbal or it has to be written but more just to talk about the different situations you might come across and handle it in that way.

The President: Ray?

Mr Ray Jobling: I support what Nick is saying and hope that will be attended to. Bear in mind too the turnover of carers. It is not just a mix, it is the turnover which is dramatic in many cases.

Mr John Gentle: It is a bit confusing because the paper itself is headed "Posting of Medicines" but appendix 1 is headed "Delivery services". It is very rare in our pharmacy that we will actually post medicines out. It does happen occasionally but it is a very rare occurrence. Delivery is very common and there is a difference between posting medicines out and actually delivering them, in my view. So there was some confusion in my own mind on the paper about this.

What is happening a lot at the moment, particularly with the weather, is that we will get calls in the afternoon from patients who would normally come to the pharmacy to collect their medicines and if they are elderly or not so good on their pins, sort of thing, walking and it is a bit icy, they will phone us up and they will ask us to deliver it for them. This is a sort of ad hoc arrangement in a sense. It is not a normal thing. We have talked about a set period of time here, so it is not a case where we are delivering to a patient over a period of months. Getting written consent like that, where somebody will phone you up at 3.30 and say "Can you pop this around?" and I will drop it off on my way after work, that kind of written consent for those kind of systems is quite difficult. So some kind of verbal consent -- and something might happen whereby maybe the patient is bedridden and one of the patient's relatives will answer the door when you go to the house. So it is a little awkward to get written consent always on every occasion, particularly if it is ad hoc, and it happens a lot this time of year, as I say, because of the weather and people are reluctant to come out of their homes, and I cannot blame them, will ask us to deliver. The patient themselves often we do not get to speak to. If the patient is elderly and bedridden it might be one of the patient's relatives who is in effect in *loco parentis*, kind of thing. The son or the daughter will make the request, will order the medicines, will collect them or will ask for delivery. So getting written consent from patients themselves is often very, very difficult in those circumstances.

The President: Priya, can I just ask if we are making a distinction between posting and delivery.

Ms Priya Sejpal: We have got delivery and postings mentioned in two of our standards documents. One is the sale and supply of medicines and the other is in internet pharmacy. Appendix 2 is the standards for internet pharmacy. We do call it posting and delivery but what you are really seeing is two pretty much mirror images of standards. There is no difference for whether you are operating an internet pharmacy or you are operating a face-to-face pharmacy. The standards of care for the patient are exactly the same. So, yes, I can appreciate there is probably some divergence of wording. If you are operating an internet pharmacy you may well have set up some form of what you might call a postal service when in fact it is that ultimately you are delivering, the delivery of medicine, i.e. you are handing it over to the patient in some way that is other than on your pharmacy premises.

Just to address the point of consent and maybe the carer, we do talk about the deliveries to somebody other than the patient or carer but that could be specifically designated by the patient or their carer. I think what you have just described there would be a good example of a scenario where you might say actually this is not necessarily going to be an opportunity for you to get written consent. There might be other situations where it is far more appropriate to obtain written consent.

Mr John Gentle: If I go to the patient's home after work, I will deliver -- go to the patient's house, you knock on the door and the door is answered. The patient is in bed ill and one of the relatives answers the door. Now, technically, I am not delivering it to the patient but I am not going to bother, quite frankly, to get written consent from the patient to give it to the son or the daughter. I would be regard it, if I have delivered it to the home address to a family member at the home address, I have delivered it to the patient. So just to be clear, we are not being that strict about this, we are not saying that it has to physically be handed to the patient because there are numerous occasions when that is simply not possible and not in the patient's interests to insist on it.

Ms Priya Sejpal: No, that is not what we are suggesting.

The President: Alison?

Mrs Alison Moore: I was just going to say that I had read it very differently to the way John seems to have in that I have read this as saying -- when it says you obtain consent, it does not mention the word "written" there so I would have thought you could get verbal or written as suits the circumstances. The word "written" is not in the document, but later on it mentions that you need to have an audit trail to demonstrate where it has gone and that gives you the -- I mean, most pharmacies that I work in where they have delivery services require a signature when you deliver it and that gives you your audit trail so that when the patient queries it the next day and says "Excuse me, I didn't get my medicine", you can say, "Well, here's the signature." So you might not have your written consent but you do at least have an audit trail and I think this comes the majority of scenarios I have seen.

Mrs Lorna Jacobs: I was just wanting clarification because when I have been involved in obviously not medicines stuff, in terms of delivery, the Post Office take their responsibility to deliver to an address and to get a signature but not necessarily to deliver to the individual person. When they are saying the designated person, I assume that would have the same issues because sometimes the postman comes, I am not in, he will get a signature from the next door neighbour and then put it through my address. Now, for a medicine, I would say that does not comply with this but are the Post Office doing another service that will only accept that signature of that individual?

Ms Priya Sejpal: I do not know exactly what services the Post Office offer. If you are operating an internet pharmacy and you are posting medicines out using whichever postal service we would expect you to be complying with those standards. Now, it might be that you may well be able to find a company that will suit your needs. There are occasions, I know, where I have not been in and what I have had through is door is we have not sent this

anywhere else, you are going to have to go here or return back to the -- so there are those services offered because I know, unfortunately, I have not been able to get things through the door when I have not been in.

I think what we need to do here is set the standards and the framework and issue the guidance. It is then for the individual pharmacist who wants to use some form of postal delivery service if they do to make sure that they are looking out for these standards and part of our role is to support them in doing that.

The President: Thank you, Priya. Catherine?

Dr Catherine Duggan: It has mainly been said. I just wanted to separate the two issues, as Nick and John said, about consent and written record.

The President: Thank you. Gerald?

Mr Gerald Alexander: Thank you. I think I bear some responsibility for sending this back to Law and Ethics last time and I sit on Law and Ethics. So I would like to support the Chair and the way this paper has been presented to us. I think perhaps what Council need to focus on, Nick in particular, if you look at page 3 of 4, appendix 1, 6.4, it is to maintain appropriate records of requests for the service. Now, if you have been requested the service, you could have been authorised verbally or in writing, and hence –

Professor Nick Barber: That is different to consent though.

Mr Gerald Alexander: I think we have discussed -- the word "consent" came up, whether it was authorisation, but I think it is really for the professional to keep those records and for those records to be maintained. I think that is the issue and all of the rest falls into place. I think perhaps that just does not sit within the -- you have missed that, but I think it is important that those records are maintained so that there is a proper audit trail and I think whoever you deliver it to, as long as the person is designated or there is authorisation for this type of service, that is the important thing. So I think we have got to an end point and I think you have actually focused on the issue but I think it is made clear under 6.4.

The President: Thank you, Gerald. Sue?

Mrs Sue Kilby: We talked mainly about -- well, only about internet pharmacies and community pharmacies. I am just wondering, are the hospital sector actually happy with how this is written? I know it is probably less likely but when I was working in hospital, I do admit that it is a few years since I was working in a hospital, we did actually supply for a number of specialist products and certainly from some of the specialist teaching hospitals we would be sending medicines out to patients. This has gone past the people from hospital? I know Alison --(inaudible)-- do you think it would be acceptable?

Mrs Alison Moore: I think some hospitals will have to change their practice as a result of this because I think there are hospitals that just stick medicines in the post. Now, if that is -- and I am not going to name any. If that is not an acceptable standard, then they will need to change their practice and that is something that is not beyond the wit of the Chief Pharmacist, I am sure, but I think there are hospitals that at the moment will post balances, or whatever, because of geography and difficulties with patients coming back in, but I am sure they could.

Ms Priya Sejpal: I can also say I think it is the -- I have been in contact with the NPSA and I know that there are and have been instances where things have gone wrong because of delivery so I think in this kind of situation we need to drive the standards up in order to make sure that we are maintaining patient care as opposed to not.

The President: A standard is a standard. Martin?

Mr Martin Astbury: I have a lot of same concerns as Lorna has around the audit trail. I know there were concerns at Council last time we were here and I know in Law and Ethics

there was a very even debate as to whether the need for a signature should be a should or a must, and I think it was being finished off off line to get the wording exactly right. So I do not know exactly how we have ended up but I think we have ended up with the same wording as we had originally.

I personally would like that a signature must be obtained but I could live with a compromise of getting rid of the "wherever possible" and it just being written as "a signature should be obtained". I certainly do not like the bit of "wherever possible". I believe that a signature can always be obtained and there are two reasons why that can always be obtained. It can either be obtained obviously from either the person themselves you are delivering it to or another appropriate person at that address or someone else who is taking responsibility for looking after that medicine or, if absolutely necessary, in the case of a delivery driver who knows the person and wishes to take that responsibility themselves, then they can sign, but somebody should be signing. We are talking about medicines. Somebody should be signing and taking responsibility for that and that gives you an audit trail. If you do not have that, if you have this "wherever possible", then you come to the scenario of not here, not there, I have tried everything I can wherever possible, I have shoved it through the letter box, and I do not think that is appropriate.

Ms Priya Sejpal: In the status of the document which we have at the beginning of all of our documents, and again I think Martin's point can be addressed in the guidance that we issue with the standards, guidance on good practice, so these are all the 'should's, which you should follow in all normal circumstances, so it is not a case -- there has got to be a reason why you are not following this. If you did not obtain the signature, something untoward happened, somebody was asking you questions, you would need to be explaining why. I think at Law and Ethics I remember Catherine describing that maybe patients will not be able to obtain a signature and to turn it into too much of a 'must do' will leave some pharmacists also then having a difficult decision about either breaking the standards or helping their patients. We need to set standards where they are particularly appropriate and necessary but at the same time we also need to support pharmacists in exercising their professional judgment. In all normal circumstances, we would expect to be seeing a signature. If there was no signature, there would need to be a reason for that and that pharmacist will need to be explaining that reason.

Mr Martin Astbury: I fully accept that, Priya, but my concern is we would not normally, when we have 'should's -- the explanation of the 'should' is exactly the way the 'should's are in the good practice guidance but my concern is we do not normally have in front of the 'should's a "wherever possible", and that is my concern.

The President: Thank you, Martin. Alan?

Mr Alan Kershaw: Thank you. It is the same point as I made on something else yesterday. It would be helpful if this was a stand alone document and it would be helpful if it were headlined with one of the headline principles from the Code that it hangs off and therefore setting it in context.

Separately from that I have a number of editorial points which do not change the substance but where the text does not work as well as it should and, if I may, I will give those to Priya outside the meeting rather than drag the Council through that.

The President: That would be helpful, Alan. Thank you very much. Steve?

Mr Steve Acres: I just wanted to comment on Sue's point about hospital pharmacy having up until very recently worked in the hospital sector. We regularly posted medicines out to patients and I think we were, as a service, always looking for some clarification about the standard we should adopt so I welcome this clarity.

The President: Thank you, Steve. Ray?

Mr Ray Jobling: May I pick up on that? The general intention here is to drive the standards

up, we all understand that, and we are given guidance to that end. There is a general duty really, which is to deliver securely and promptly medicines to the intended recipient. Just putting it in the post will not guarantee that because the Royal Mail, as Lorna says, only guarantees to deliver to a particular address. So somebody who is following that practice will pick up from this immediately that that can no longer happen.

I support it. I think it is well cast and with some minor editing. A verifiable audit trail, again, we understand that. Getting a signature where you can is important and, if you cannot, you are exercising your professional judgment and you stand or fall by that, and I think professionals can make the appropriate judgment. I think this is good and I think we should support it quite strongly and the public will welcome it.

The President: Thank you, Ray. The last comment from Kay.

Mrs Kay Blair: A quick question. When happens when the designated person is a child or somebody under 16? Does that have any implications?

Ms Priya Sejpal: I think, again, if you look at the kind of standards around consent, it is going to depend on who the patient designates and if they were under 16 I think you would need to have a conversation with the patient, you know, about who they are. It is well known that there are child carers out there and, again, it is going to be for the pharmacist to look at the individual situation and to make blanket statements or decisions would be wrong. Again, I can take that on board and try and address that in the guidance maybe with a scenario around that.

The President: Thank you, Priya. Can I just wrap this up by saying thank you to Law and Ethics for reconsidering this at the request of Council. Thank you very much for that. I think it has been a good debate. I am personally reassured that many of the issues that have been raised will be covered or can be covered in the guidance to this document. I ask Council now to agree to the amendments that are recommended by the Law and Ethics Committee. (Agreed) Thank you very much.

[Council agreed the amendments to the standards for the posting and delivery of medicines.]

14. CHRE Performance Review 2008/2009: submission of draft self-assessment

The President: Can we go back to item 14, Eileen, paper 7, please?

Ms Eileen Neilson, Head of Policy: Thank you, President. The paper you have before you asks you to approve in principle the draft self-assessment. Now, we have not actually circulated that to save a few trees. It is 192 pages in length and I think you will be glad to know I am not planning you to take you through it page by page this morning.

We are asking you to agree that the final submission should be approved by the President and it would take account of any comments that you make today or forward to Gregor, please, by 13 February.

The way the performance review cycle works is actually very similar to the situation last year where we had to compile all the information, put that together, and then send that in with the Chief Executive's approval, subject to Council agreement at the next meeting. That has been done this year to meet the deadline of 20 January for these submissions.

I will hand over now for any comments or questions you want to ask.

Mr Douglas Simpson: If anyone wants any proof of about the regulatory burden has skewed the activities of the Society in recent years, this is it. It serves to underline the comments made by the Chairman of the Disciplinary Committee yesterday when he addressed us at the Council dinner. That is all I wanted to say.

The President: Alan?

Mr Alan Kershaw: Thank you, President. I would actually endorse that and it was interesting that in the Committee session yesterday Nigel Clarke made the point that CHRE might well have been a project set up with a limited period of time to bring into line and to secure best practice among the regulators over a period of shall we say 10 years, who knows, whatever it took, but this sort of ongoing work I think is an unnecessary burden.

Having said that, I have got a couple of points on the text and I think we should obviously try and make it as good as we can because otherwise we bring on ourselves unnecessary criticisms. So could I take you to a couple of points?

The President: Yes.

Mr Alan Kershaw: Thank you. First of all, page 7 of 23, there is one point of substance and one minor point. I will start with the minor one. In the column "RPSGB action", the third box down, the bit starting "The PPI Manager", the text is not quite right there. Something has gone wrong. The box underneath that is blank. I do not really mind it being blank if we have got nothing to say but I would point out that the lack of an IT based case management system was the reason for a very serious criticism of another healthcare regulator a year ago and it is one on which I do not think we ought to look as if we have got nothing to say. So whatever we have got to say, let us say it.

Finally, on the next page, page 8 of 23, again, in the column "RPSGB action", the first box under the fourth bullet, "New KPIs were put in place", to which my question is and so? We are being criticised for not meeting the performance target and we are now saying that we are now meeting it. We ought perhaps to say a little bit more than just we have got KPIs. Perhaps two boxes down from that, again, "New KPIs were put in place across the Regulation Directorate in October 2008", possibly just specify what they cover, that is all, not in any detail but just a general statement. That is all, thank you.

The President: Thank you, Alan. Does anybody else have any comments to make? OK. Phillida?

Dr Phillida Entwistle: As people have said, this has been a huge amount of work and although you have said it has not actually cost anything extra, it has been absorbed into the finances, it is a cost to the Society. I just wonder, is there any final paper way that we can actually tell CHRE that we think this is overdone? Do we have the ability to make comments about the content of what they are looking at?

Ms Eileen Neilson: Yes, there are several ways that can be done. there is actually a face-to-face meeting at a later stage where CHRE will present to us their evaluation of our performance and we have the opportunity there to make comments about the whole process, and things like regulatory burden. We can also make them in writing when we submit additional evidence and comments.

Dr Phillida Entwistle: So will the Chief Executive make a pretty robust stand that this is really a bit too heavy?

Mr Jeremy Holmes, Chief Executive & Registrar: That is a good point, Phillida, and I made the point last year actually which was the first year in which they were trialling this new performance assessment process and the burden fell mostly last year. This year we are updating it and in the main document, if any Council members have had the opportunity to look at that on the microsite, what we are doing is just pointing out where things are different to our submission last year. So although it is 190 odd pages long, most of it is actually material from last year. So it should start to get easier but that point still needs to be made and I will make that very clearly to the CHRE.

The President: Thank you, Jeremy. Ray?

Mr Ray Jobling: We should accept that regulators could and should do better in the

circumstances --(inaudible)-- recent experience. This is massively burdensome. If it goes on --(inaudible)-- I just do not think the outcome from it, from this particular exercise, will lead to anything justified so I think we --(inaudible)-- regulators are going to be answerable for what they do in a more hard-hitting way, I think, than this.

The President: Seema?

Ms Seema Agha: I think there should be a rolling cycle where you actually -- as we have in local government, where you have a full assessment and then it is tailored off and then they give you a direction of travel letter saying "You are going OK there, not there, improvements there", but it gives you some time for three years to work up and allows you to prepare for an assessment which can be quite onerous on the staff.

The President: Thank you. OK. So could I ask for any further comments to be submitted to Gregor by 13 February, please, and ask Council to approve in principle the draft? (Agreed) And to agree that the final submissions should be signed off by myself. (Agreed) Thank you very much. Thank you, Eileen.

[Council (i) approved in principle the Society's draft self-assessment for the 2008/2009 CHRE Performance Review, and (ii) agreed that the final submission, taking account of any comments received from Council members by 13 February 2009, should be approved by the President.]

17. Revalidation standards: report to Department of Health

The President: I think we can now move into item 17, please, paper 12, revalidation standards. This is the paper that was in your files yesterday. Thank you, Peter.

Dr Peter Wilson: Thank you, President. Firstly, Council, an apology for the late arrival of what is a long and reasonably complex paper. The responsibility lies with me and I can give you a full accounting of why it arrives late. It might be a little bit more constructive if we talk about how we, together, can finalise the paper and present it to the Department of Health by the agreed deadline of next Monday.

If I can take a view on that initially, we can then get into the substance of the paper.

The President: I am happy to do that.

Dr Peter Wilson: Silence is consent. Council, the paper is a very significant waypoint in the development of revalidation in pharmacy. That is not to say that revalidation is around the corner but this is, if you like, the first set of interim conclusions. In October 2007 Council agreed a set of principles for the development of revalidation in pharmacy and they came from the Revalidation Advisory Group. Those principles underpinned all the work that we did on revalidation in 2008 and all the contributions we made to the Department of Health's non-medical revalidation working group.

In November 2008 the working group published its own principles for revalidation and the Department of Health's principles and the Society's principles have been combined to form a set of principles which are in the --(inaudible)-- through the Department of Health. You are asked to accept those principles on behalf of the profession today.

Once we had those principles, which were agreed by Revalidation Advisory Group in December, we were then able to work on the rest of the report and the rest of the report contains the aims and objectives for the future development of revalidation in pharmacy, an analysis of the two major methodologies for revalidation which are being considered in the UK at present, that is appraisal considered by the General Medical Council, and the evaluation of a CPD portfolio being considered by the General Dental Council, and to a degree also by the General Optical Council. From that analysis and particularly on the difficulties of implementing appraisal reliably across pharmacy, which we have discussed quite a long time ago now, we have opted for a potential model of revalidation which is based on the evaluation of a CPD portfolio and possibly additional evidence and from that we have devised a series of research projects which would test whether that model would work for our profession. So that

is what the report is about.

The outcomes of the report are likely to be twofold. We have got no promises on either of them really. The first is that the Department of Health will come back with a view on what we are suggesting for pharmacy and that view is likely to be tempered by what the other regulators are suggesting for their profession and also by research which the Department of Health has commissioned, particularly into the knowledge and skills framework but also into the management of risk through revalidation.

The other thing that the Department of Health will be pushed into doing within the next two weeks is responding to our suggestions for research, preferably with an offer of cash so that we can actually commission and conduct the research, and that is work that will be done in the office after our meeting today.

I am happy to take questions and comments on the paper and then to talk about how we take it forward, President.

The President: Thank you, Peter. So, first of all, if we can restrict our consideration to (i), and I refer you to page 6 of 29, which is Chapter 2, and the principles contained therein, do you have any comments on those principles, please? Thank you. Can we agree (i)?
(Agreed) Thank you.

Moving on to (ii) now, which is Chapter 5, suggested research projects, Peter, would you like to say anything more about this or take comments.

Dr Peter Wilson: Just to say that although we had discounted appraisal as a methodology for revalidation in our profession, we are suggesting to the Department of Health that that conclusion should be properly tested through research which is why it is among the projects, but otherwise I am happy to take comments and questions.

The President: Catherine.

Dr Catherine Duggan: Peter, I am just wondering whether reference has been made, and I am sorry, I am not totally familiar with the document, has reference been made to the work of NCAS because I understand that they are looking at supportive ways to deliver revalidation in different professions and I know that pharmacy is having quite a leading role in that.

Dr Peter Wilson: My understanding --

Mrs Wendy Harris: --(inaudible)-- NCAS are not working towards revalidation.

Dr Catherine Duggan: I understand that there is support for it. I just wondered whether mention could be made here of that.

Mrs Wendy Harris, Deputy Registrar & Director of Regulation: NCAS's work is on poor performance so it would be people who have automatically not been accepted for revalidation, if it is below the line of where we are working. That is to bring people up to a level of recognised performance so it is poor performance in terms of knowledge, in terms of needing mentoring, in terms of changing their roles that they are in, so it is a slightly different principle.

Dr Catherine Duggan: I know. I understand the remit of NCAS. In fact, I am sitting on advisory board for it. I was just wondering whether mention could be made in here of the leading work that pharmacy is doing in NCAS to support people. I understand it might not fit with revalidation, and if that is the point, that is fine, but it is just it is leading edge work for support which seems to be quite good message to give to the D of H, if you like. I do not know.

Dr Peter Wilson: I am happy to think about that and to decide if there is --

Dr Catherine Duggan: I understand it might not fit with the revalidation.

Dr Peter Wilson: That is correct.

Dr Catherine Duggan: That is OK, that is fine, it might not be appropriate here, but that is leading -- pharmacy is having a good voice there.

Chief Executive & Registrar: If I may say so, I think the link is remediation --

Dr Catherine Duggan: That is the word, yes.

Chief Executive & Registrar: -- and we might want to just pause on remediation and find a way of touching NCAS.

Dr Catherine Duggan: Yes.

The President: Catherine, just for the record, you might like to declare an interest.

Dr Catherine Duggan: I have been asked to be an adviser in NCAS. I am sorry.

The President: Andrew?

Mr Andrew Gush: Wendy, can you confirm that we will be receiving funding from the Department of Health to support these projects?

Mrs Wendy Harris: We have had every indication that there will be a positive response to our request for funding for these projects. We have actually received – at the RAG we had a member of the relevant Department of Health policy team there to have some discussions with to say were we going in the right direction, were we actually going to be rebuffed by the Department when we submitted this paper, and we were told that we had actually provided far better input onto this paper and the ideas that were being generated than had the research group that had been commissioned by the Department of Health to inform the Department of Health's own thinking. For that positive reason, we were given every indication to expect that we would get a positive response to all parts of the funding brief.

Mr Andrew Gush: Thank you.

Chief Executive & Registrar: Can I just also add to that that these projects in Chapter 5, that is pages 20 and 21, are not in order of priority. We may get funding for all seven but we may not. Some of them are going to be more important than others and I draw your attention to project 3 on CPD because we have already discussed that today and we will be weighting these in terms of the priority if there is a sum of money that will not stretch to all seven.

Dr Peter Wilson: Just to complement that, the initial intention under discussion with the R & D Division in the Society is to request funding for a research programme which links all of these together but it is entirely possible that the Department of Health may very well, for example, see the evaluation of appraisal in pharmacy as duplicating a project proposed for dentistry, or for optometry, or for chiropody, and agree to fund just one such proposal. So those are variables that we can only guess at, at the moment.

The President: Gerald, did you want to come in?

Mr Gerald Alexander: Yes, I would just like to come in and support the paper and the work of the Revalidation Advisory Group and the way the whole paper has been put together. The telling remark is the concluding remark on page 19 of 29. It tells you that the most appropriate method of revalidation for pharmacy is basically what we are doing and we are in the stage of moving forward. I would just like to support it.

The President: Thank you. Ray?

Mr Ray Jobling: I would agree with that. I think it is an excellent paper and the final remark, I think, is important. I agree with Jeremy, project 3 is extremely important. We have heard today in public session that there are pharmacists not undertaking any CPD. That is disappointing and what we need to know is how concerning it is but beyond that CPD is going lead to the next stage going forward. So getting that bit right is important so I hope we will -- (inaudible)-- within the programme. I can well imagine that message coming back -- (inaudible)-- the dental surgeons have done. There are particular differences which are picked out, that are going to be picked out, but we have got to be ready for that kind of response but project 3, I think, really from the public's point of view is very important and from the profession's because it will help people to go forward, as was being argued earlier on, that CPD is the natural professional thing to do and it is not to be a burden, it is really to make sense of the ordinary working practice.

The President: Thank you, ray. Sue?

Mrs Sue Kilby: A couple of things. First of all, I would formally like to thank Peter and Andreas for all the work that they have done. We had the revalidation meeting last week and it is absolutely amazing the work that they have actually done to turn this paper around to get it into the format that it is now in front of Council. Really a big thank you ought to go out because I know a lot of late night oil has been burned in these circumstances to get this done.

Wendy also should be congratulated because we did get the person from the DH and it was very, very clear that we are ahead of the game and they are very impressed with the work that we have actually put together to go forward. That is why it is really important to get this paper agreed so that we can actually be in there, pitching for the money for the research projects which we have got good understanding to actually come out. As Peter says, at the RAG it was agreed that it was the sort of programme of research projects and there was a lot of interlinking between them and they have just been broken down into the rough headings for ease but there is an interlinking between them all and obviously, ideally, we would like to have funding for them all. We may not get it but hopefully we will.

I am obviously very, very supportive of the concept that we go forward on revalidation based around portfolio. My only comment would be that on page 19 of 29, that that recommendation or comment stands out very clearly within that paragraph. Maybe we should split the paragraph accordingly so that anybody who scan reads it can actually pick up that very clearly to go forward. Thank you very much, Peter, for actually putting this together, and Andreas. I know he was very active behind the scenes.

The President: Thank you, Sue. Can I ask Council's agreement, please, at this stage to (ii)? (Agreed) In echoing the thanks that have already been expressed around the room, could I ask Peter to forward those thanks through to members of the Revalidation Advisory Group, and ask Council to agree at this stage (iii)? (Agreed) Thank you very much. Thank you, Peter.

[Council agreed (i) the revised principles for revalidation in pharmacy; (ii) the suggested research projects to inform decision-making on options for revalidation in pharmacy; and (iii) the draft report for submission to the Department of Health.]

The President: I would like just Council to note please item 18, which is paper 13, Revalidation Advisory Group, and item 19, CPD pilot report, which is paper 14.

18. Revalidation Advisory Group and

[Council noted the report, which had been circulated at 09.02/C/13.]

19. CPD Pilot report

[Council noted the report, which had been circulated at 09.02/C/14.]

20. Organisational matters

The President: Can we move on now, please, to item 20, organisational matters, which is paper 15?

21. Recommendations from the Officers

Chief Executive & Registrar: Thank you, Steve. Paper 15 is our response to the Pharmacy Order consultation which we discussed yesterday and this is really just to get Council's agreement that our response to that consultation should be in two parts, that is to say, a regulatory response and a professional response, the regulatory response led by the Section 60 working group and the professional response led by the national pharmacy boards. That is the way that it was discussed yesterday.

This is the first real test of us having to speak with two voices and I think it is very important that we do distinguish between those voices, albeit in one combined response. Beth and I had a discussion about this yesterday. It is a document that has RPSGB on the front but halfway through there is a coloured divider, if you like, that says, you know, this part is the regulatory part and this part is the professional part compiled by the national boards.

So I am seeking Council's agreement to that approach.

The President: Can we have that agreement, please? (Agreed) Thank you very much.

22. Lease for Bell House – affixing the Common Seal of the Society

Paper 16, this is the lease for Bell House.

Chief Executive & Registrar: Thank you, Council, for agreeing to this by e-mail. It was a practical and mechanistic measure that we had to take but we just need Council's ratification of that agreement that the common seal should be affixed to the lease on Bell House.

The President: Can I have Council's agreement? (Agreed) Thank you very much indeed.

[Council ratified the agreement of the Council taken by email in December 2008 that the Common Seal of the Society be affixed to the lease.]

23. Council update

The President: Finally, in this public session, can I just ask you to note, please, paper 17, which is an update for Council, and that is item 21.

[Council noted the update and progress report, which had been circulated at 09.02/C/17.]

24. Any other business

The President: I have not been notified of any other business so I suggest we break at this stage until 10.45 am.

The President closed the public business of Council.