

THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

COUNCIL MEETING

Tuesday 3 March 2009

PUBLIC BUSINESS

(Transcript of the shorthand notes of T. A. Reed & Co
Tel No: 01992 465900)

A

PUBLIC BUSINESS

THE PRESIDENT: Can I welcome you to the formal public business of Council today.

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1. Apologies for absence

First of all, apologies for absence from Marcia Saunders, Margaret Allen, Alan Kershaw, John Jolley, Keith Wilson and Ray Jobling.

2. Declaration of interests

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Could I remind members to declare interests at the beginning of relevant items and ask you to turn off your mobiles?

3. The Society's response to the Department of Health Consultation on Draft Pharmacy Order 2009

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If I could refer you to paper 25A and B, representing the proposed submission from the regulatory standpoint and the professional standpoint respectively. Could I also refer you to the paper from John Reece et al, concerning the restricted title of pharmacist and also the report from Wendy Harris on the same subject.

I will first introduce Jeremy, who will talk through the restricted title issue.

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THE CHIEF EXECUTIVE AND REGISTRAR: The draft Order, which we discussed earlier today, takes as a starting point the principle of patient safety. As regulator of pharmacy, we of course acknowledge and respect that. However, as the professional body for pharmacy we have a further important responsibility which is to our members, including those who are not practising but have given valued service to the profession in the past, or who continue to give that service outside the parameters of practice, as defined in the draft order. It is worth noting that practice is defined more broadly in the draft order than was previously the case.

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Before we discuss the detail of our response to the draft order, I would like to comment upon the importance for these non-practising members of the issue of the restricted title of pharmacist. The President, as Council knows, invited Professor John Reece to submit a short paper on the issue for Council to consider. Professor Reece and others have expressed strong views, both directly to the President and myself and in the pages of the Pharmaceutical Journal, and we felt it was important that views were held by Council. His paper, co-authored with others, summarised his arguments regarding the use of the title of pharmacist. I would like to put on the record the fact that I was misquoted in that paper; something he attributes to me in relation to pharmacists in academia, in section 2.2 of his paper, was in fact editorial comment in the PJ, which I have got here in front of me. But notwithstanding that, the arguments in the paper were duly considered by Council, alongside a summary of the current position and the options available, prepared by the Deputy Registrar.

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Based on that constructive and extensive discussion, Martyn will put up a summary of key points that we arrived at. I would ask Council to consider those and agree them as part of our response to the draft order. First of all, the title 'pharmacist' should continue to be restricted to those suitably qualified and registered with the General Pharmaceutical Council. The view taken this morning --

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- A and I hope Council's view on this -- was that the introduction of further title, such as 'registered pharmacist' and unrestricted use of the title 'pharmacist' could potentially lead to public confusion, and thereby compromise public safety. So the first point is that the restricted title will remain 'pharmacist'.
- B The second point is the broader definition of 'practising' proposed in the draft order which will encompass more members of the profession than are present, but not all will wish to be on that practising register. A number of those will not wish to be on the practising register and will not wish to describe themselves as retired from the profession.
- C We therefore would recommend that the General Pharmaceutical Council should consider maintenance of a non-practising register, which could have particular benefits to the regulator, in providing access to those professionals, in the case of emergency (such as a flu pandemic), or potentially facilitating return to practise more easily, if a record of those professionals was maintained whilst they were not practising. That is the third recommendation, that there should be maintenance of a non-practising register.
- D The General Pharmaceutical Council should also allow those members of the profession who do not wish to be on either the practising or the non-practising register to call themselves retired or former pharmacists, in recognition of their contribution to the profession and their professional identity.
- D Finally, the future introduction of revalidation may provide an opportunity for further review of this issue, so that we maintain the opportunity for agility and development in relation to protection of titles, as we move towards the new world of revalidation. I hope I have reflected Council's deliberations accurately. I would like Council to consider those bullets as a block and see if they are appropriate, as far as our response to the draft order.
- E THE PRESIDENT: Would anybody like to comment or raise a question of clarity here?
- E DR BRIAN CURWAIN: Just a brief comment. I support the block of recommendations that we make. But I want us to be realistic that it may be unlikely that the GPharmC would actually go for maintaining a non-practising register, simply in light of the fact that other currently extant regulators seem not to do that. Although I think we are making a sensible suggestion, we should not hold out too much hope that that is what is going to happen.
- F MRS SUE KILBY: My only comment is that the GPharmC also registers technicians. We are going for the term 'former pharmacist'. Do we need to think about anything for pharmacy technicians, or is Steve happy with the status quo at the moment?
- G MR STEVEN ACRES: I think we are very clear that for pharmacy technicians there is no debate. I have not been approached by other pharmacy technicians, in respect of the restricted titles, and I am happy to endorse the use of restricted titles for pharmacy technician.
- G MRS SUE KILBY: I was thinking not so much of those that are on the register, but those who may retire.
- G MR STEVEN ACRES: In terms of a non-practising register.
- H MRS SUE KILBY: Not so much the non-practising, but you may come to 60 or 65 and decide that you no longer want to be on the register of the GPharmC. I was wondering what the view was and

A | what the situation was, because we are obviously advocating that we should have the term ‘former pharmacist’, but we are doing that from the professional body perspective. I wonder whether that be covered through your separate submission through APTA.

MR STEVEN ACRES: I think the same principle should apply.

B | THE CHIEF EXECUTIVE AND REGISTRAR: We could amend the penultimate bullet to read that the non-practising register call themselves retired or former pharmacists or retired or former pharmacy technicians.

MRS SUE KILBY: That is what I was suggesting. Obviously if our technician member is not happy with that...

MR STEVEN ACRES: I am happy.

C | THE TREASURER: Perhaps we could change it to ‘registers’.

MRS LORNA JACOBS: I think it is important for members to realise the extensive discussions that have been had, and the great deal of thought that has gone into trying to square this circle. I would not want anyone to think that this has been a short or quick process to come to this conclusion.

D | MR STEVEN ACRES: I would like to put on the record that one of the difficulties around the debate has been the issue that we are wearing two hats in reaching this decision, as regulator and professional leadership body.

E | MS KAY BLAIR: Perhaps not for this discussion, but I would welcome knowing how you are going to advise that this should be policed. It is all very well for a regulator to stipulate that people should call themselves such and such a label, but I would be interested in knowing what happens if people do not, and call themselves whatever they want to call themselves, and how that will be monitored, going forward. That is perhaps not the substance of this.

F | THE PRESIDENT: Are Council content that those five bullet points, suitably amended to take account of the technicians question, be used as the basis for the words that go into the submission of the Society? (Agreed) Could I say that that position agreed by Council today quite rightly places the issue of patient confidence in the profession, and their safety, at the core of our consideration. I think it also recognises, acknowledges and values the huge contribution to the health and well-being made by many members, particularly our more long-serving members. It is right that we should listen to those we represent and take account of those whose health we care for. I believe Council have given careful and appropriate consideration to those who have made their views known to us, in the context of what is manifestly right for patients. Strong leadership is about making the right decisions. Sometimes, as in this case, the arguments are quite complex and the decisions are tough, but solutions can usually be found to most problems. In my view, what Council is proposing here should be welcomed by our members and should hopefully find favour with the government. Whether practising, non-practising or retired from the profession, I think all colleagues should feel that they have a home in these proposals, which recognise them for their present or past service to the profession.

G | MS ALISON MOORE: Now that we have agreed the basis of the response, in terms of confidentiality, are we allowed to work and develop these ideas as we choose, or have we bound ourselves to this?
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A THE PRESIDENT: Try and explain a bit more.

MS ALISON MOORE: The bottom bullet point provides us with opportunities possibly for looking further at this in the future. Are we at liberty to discuss with other colleagues how we might best do that?

B THE PRESIDENT: I do not see why not.

I would now like to ask Seema if she would introduce the top line of the regulatory response following our conversation this morning.

C MS SEEMA AGHA: Just to summarise, colleagues, on behalf of the consultation to the Draft Pharmacy Order 2009, just by way of background and summary, the Department of Health, on behalf of England and Wales, jointly with Scottish Government, launched a consultation on the Draft Pharmacy Order 2009 on 9 December 2008, which is due to conclude on 9 March 2009. The Council of the Royal Pharmaceutical Society decided to respond to the consultation by a two-part response to the consultation to reflect both the professional leadership body and the regulatory aspects of its dual roles. It did this by reconvening a Section 60 response working group to develop the regulatory aspect of the response, and asked the Chairs of the National Pharmacy Boards to develop the professional leadership side of the response.

D The section 60 working group developed initial proposals for the regulatory side to the response in January 2009, which Council had an opportunity to debate in February, which was carried forward and those thoughts were developed into the first draft. We have also balanced feedback that has been submitted directly to the Society, in the hope that it would inform our response to the consultation.

E Today, Council has had a further opportunity to go through what has now been the second draft, and there has been an opportunity to debate many of the sections in far more detail. The contributions are very much valued by the Committee. We will take them away today, work on them and hopefully get the President to sign them off tomorrow. I would like to thank staff and colleagues in the working group, who have worked within a very, very short timescale to turn this consultation around. Much of the issues have been very complex, as what we have tried to achieve, we are trying to look into the future of what would be a very robust but fair, proportionate regulator that would
F instil the trust of the public, as well as the profession.

I hope in the response we have tried to achieve and flag up to the Department of Health areas which we think they should go away and perhaps do some rethinking. We have tried to assist where we can with our experience of being both a professional body and a regulatory body and something that would be fit for future. I would like to thank you everybody; Wendy's teams and colleagues.

G THE CHAIRMAN: I think Council very much welcome the report. Seema, I would like to thank you personally on behalf of Council for chairing the working group, and for all those members who have sat on that working group. I think you have done an excellent job. The paper is very comprehensive. On behalf of the National Boards?

H MS BETH TAYLOR: I speak of behalf of the Scottish, Welsh and English Boards. Just to confirm, that I think this is the first time the Society has taken the step to have a two-part response to a consultation. I would confirm that that does, in this example, feel now to be the right decision. We

A have worked hard in the Boards with discussions at Council at the meeting at the beginning of February to develop the content which reflects the distinctive voice of the pharmacy profession to the questions in the consultation. Our response has gone through each of the Boards, through the country directors, and worked with policy colleagues to come to the point that we have presented to you today. We believe it does reflect the views that are out there, that may in some detail actually have a slightly different angle on some of the questions than those in the regulatory response. This is to be expected, and it is what we should be doing on behalf of our members. I do now have in front of me a copy with a small number of changes from this morning's discussion. I can comment on those, if anybody wants me to do so. Essentially I think we have captured the points made and hope this can now go forward.

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C THE PRESIDENT: Thank you, Beth. Thank you for presenting that today. Can I ask you to thank members of all the Boards who have contributed to this piece of work, which has been an excellent piece of work, and a good example of the way the Boards have very effectively co-operated with each other.

I think the only thing left for to do is to ask Council if they would be agreeable for me to sign off any changes which are agreed tomorrow, in line with our discussion this morning, to ensure that it is submitted in time for 9 March. (Agreed)

D **4. Definition of Pharmaceutical Scientist**

E THE VICE-PRESIDENT: In order to prepare for the TWG Subgroup Task and Finish Meeting that took place on 9 January, we sought input from all major groups and organisations identified as stakeholders for this. Also present at the actual meeting we had member of the Industrial Pharmacists Group, someone from the Industrial Pharmacist Group and someone from the CUHOPS, from Academy of Pharmaceutical Sciences, some from the British Pharmaceutical Students Association and also someone from the Trans Com Pharmacist Suitable Scientist Group. We had a very learned bunch of people for that meeting, of which I was the layperson chairing, and my only input was chairing that meeting. From that meeting we got very clear outcomes. We all knew what we were agreeing and coming up with. We had an agreed definition and agreed minimum criteria for that. With that, I put the recommendations that we have got in front of you.

F THE PRESIDENT: Would anybody like to comment on any aspects of the paper before we go to the recommendations?

MR DOUGLAS SIMPSON: You know my views on scientists being full members of the Society. Would pharmacists be able to join under this definition?

G THE VICE-PRESIDENT: Under this definition, it would not preclude a pharmacist calling themselves a pharmaceutical scientist. They would come under the definition of pharmaceutical scientist. It would be for any further new professional body, if and when they set up new categories of membership, to make any other further rules as to whether there were other restrictions that they were going to put on who could be in which categories. But that would be for later debate. This was a debate about trying to get some definition, as there was no definition at all, of what a pharmacist scientist could be.

H MR DOUGLAS SIMPSON: I was thinking, knowing pharmacists are the kind of people that they are, if for any reason a particular category of membership, if the subscription was lower, you would get pharmacists joining in vast numbers. It would probably skew the whole idea of the Royal

A Pharmaceutical Society.

THE VICE-PRESIDENT: That is something for looking at in the future, but this was the definition that was agreed by the Industrial Pharmacist Group.

B MRS DOROTHY DRURY: I would like to look at the qualification requirements. Now that pharmacists have to undergo five years, including the Masters degree plus the year, should the scientists not have to be equivalent to that which would be a higher than a bachelor degree?

THE VICE-PRESIDENT: Because we were looking at qualifications for people who would be, and are as we saw it, practising as pharmaceutical scientists, we felt that that was not a requirement; a Masters or above was not something where that bar needed to be set, as a bachelor's degree or above.

C DR BRIAN CURWAIN: To comment on that point, a bachelor's degree in science allows you to become a scientist, not necessarily a member of the scientific profession, but a pharmacist nonetheless. To be a pharmacist, you have to have a Masters degree. We want pharmaceutical scientists to be involved, so they should be adequately qualified for the work that they do. Just to declare whatever interest I have as Chair of the Science Committee and a member of the Trans Com Working Group that first looked at this, I would like to commend this definition that is on the paper before you to Council. It has been extensively kicked around, chewed over and tied in knots. It is as good as it gets. It seems fine to most of us. I know from my colleagues in the different scientific groups that Martin mentioned are comfortable with it, so I see no reason to discuss it at length.

D DR CATHERINE DUGGAN: Could I back up what Brian said, as a member of the Science Committee? I think this demonstrates real leadership about approaching something new with an awful lot of agencies, who previously may not have been thinking about defining such a person as being a member of a professional body. It shows that it can be done. I commend the report too.

E MR JOHN GENTLE: I wanted to know who would make a decision on this. Let us say we had someone with a law degree working for the MHRA in regulation. It may or may not be appropriate that they join. I would not necessarily classify them as a pharmaceutical scientist, but they may well be working alongside medicines and regulation. Who is going to decide whether that person's role falls under this definition or not?

F THE VICE-PRESIDENT: If in the future the new professional body decided to have a category of membership of pharmaceutical scientist, they would presumably have to set up some sort of adjudication committee for if and when something like that occurred. We hope that this covers that problem. We want to keep adjudication down to a minimum, but there was no other way of doing it.

THE PRESIDENT: Could we agree (i)? **(Agreed)** And (ii)? **(Agreed)**

G MR DOUGLAS SIMPSON: Could I have it noted that I abstained on both?

THE PRESIDENT: Thank you, Doug.

5. Any other business

H I have two pieces of business. Wendy, can you update us? Wendy, could you update us briefly on Order 1B?

A MS WENDY HARRIS: Just to remind Council that order 1B is the remaining parts that we were requiring to bring about the statutory registration of pharmacy technicians. Because of the problems in Scotland, just to remind you, because of the transfer of powers and to devolution, any new profession that is created, Scotland has powers to have the registration undertaken and regulation from Scotland. We needed to ensure the amendments were made to the Act. This is not just a piece of legislation affecting pharmacy; it affects a number of other professional regulators. Our latest information has now been confirmed from the Department that this order is now going to Scotland on 11 March. Just to remind you, it needs to go to Scotland for debate 40 days prior to being laid in Westminster. So we are probably looking at summer this year, when we can commence finally with the statutory registration and regulation of pharmacy technicians.

B THE CHIEF EXECUTIVE AND REGISTRAR: We have been asked by the Department of Health to nominate someone to the Project Board for the Officer of the Health Professions Adjudicator. Whilst the GPhC will not be party to the adjudication process in its early days, it is proposed that it will work with the Health Professions Adjudicator in due course. The Officer of the Health Professions Adjudicator is the kind of ultimate decision-making body on issues of fitness to practise. And that is the new regime that the health professions regulators are going to be working towards. So I am afraid it is rather a short timeframe, but the first meeting is on 23 March. I would very much appreciate expressions of interest from lay members of Council -- because the Department has stipulated it should be a lay member -- if anybody wishes to serve on the Project Board. Would it be possible to have expressions of interest by Friday from those who can make the 23 March meeting?

C MS WENDY HARRIS: Martin has all the details and the terms of terms of reference of the group and the levels of responsibility in there. Some of you will have them in your pigeon holes. If people would like to check, we have been trying to find out more information on the kind of debates you would need to enter into, and the type of information you would need to know. If lay members are interested, or are considering it, I am very happy to have a conversation with anybody to give them more details.

D DR BRIAN CURWAIN: Thinking of procedures, there are a number of lay members who are not present today. If you are looking for nominations by Friday, perhaps they could be sent an e-mail this evening.

E THE CHIEF EXECUTIVE AND REGISTRAR: It has gone into the Friday letter (which turned out to be the Tuesday letter) It is a very good point. I will make sure I e-mail them. Would Council give authority to the President to agree who the nominee is in the short time? **(Agreed)**

F **6. For noting**

G THE PRESIDENT: Moving to item 6, which is an item for noting, but would normally be an item for discussion, it seems a shame not to acknowledge the excellent work which has been done in the contribution of pharmacy to making Britain a safer place to take medicines. Nick, would you like to say how it went?

H PROFESSOR NICK BARBER: We launched it with an expert panel, which Keith Ridge chaired. It seemed to go down well. Some of the work in there, particularly between pages 5 and 15, which is the nitty-gritty of the extent of the problem, part of our role is the drive to say, "This is an area which we can pursue as a policy." We will have credibility and this will keep us going for some years. I think that was the case. We showed some of it at the National Patient Safety Forum the following day, and we had a private meeting with Liam Donaldson, and those were positive experiences. It is

A something which our members want, for the professional body to punch above its weight and to have presence in the policy arena. I think the signs are that this is an area which would serve us well in achieving that end.

THE PRESIDENT: Can I, on behalf of Council, thank Nick for leading this project. It is a very insightful report, which provides focus, as you say, on important topics, both for ourselves and the new professional body.

B PROFESSOR BOB MICHELL: We also need to recognise and minute the fact that this was probably the aspect of Hemant Patel's Presidency which was closest to his heart. I doubt if this report would exist except for the way that he championed it from the very start to the very end of his Presidency. I know he is no longer President, but his influence lives on in this.

C THE VICE-PRESIDENT: I totally agree with that and am pleased that is acknowledged from the second page of the document as well.

MR DOUGLAS SIMPSON: I was going to say the same thing but Bob beat me to it.

D THE PRESIDENT: I would like to introduce one further item on the agenda at Jeremy's request. Some of you may have noticed a new face in the room, which is Bob Bolick, our new managing director of RPS Publishing. I thought it would be helpful to give you a little bit of background. He joined officially last Thursday. He comes to us from McGraw-Hill Education, where he has held a number of senior positions, most recently, for the past two years, in Maidenhead, but previously in New York. Prior to that he worked for Pearson Distance Learning Program, the Stationery Office, International Thompson, Simon & Shuster, MIT Press and the Warden School. It was MIT who sent him to the UK in 1985. So he is no stranger to the UK. He is no stranger to healthcare publishing either, or digital products. He actually published the first wireless, hand-held edition of Harrison's Principles of Medicines, and at the Stationery Office he put the British Pharmacopoeia online.

E I would like you to welcome Bob, who is now well and truly on the case with RPS Publishing.

F It would be entirely inappropriate not to recognise the huge contribution that Charles Fry has made to the publishing business. Charles has really moved RPS Publishing into the 21st Century, both literally and in the physical sense. He was reminiscing about what it was like when he joined in 1996, when we were almost entirely un-computerised. I think there was one fax machine somewhere in the building, but no-one knew quite where. If you wanted to make an international telephone call, you had to get the written permission of the Secretary and Registrar. We now have a business that is flourishing internationally as well as nationally. I would like to put on record my huge thanks to Charles for his contribution to the Society and his support for me and my senior colleagues. He is an extremely wise, congenial colleague, a man of huge integrity and professionalism, and RPS Publishing would be nowhere near where it is now without Charles's contribution. Thank you, Charles. **(Applause)**

G MR CHARLES FRY: Thank you. That is embarrassing, actually. I will not detain you, but I want to say that my job has been made hugely easier, not only by an expert staff, highly committed and capable, delivering wonderful products, but it has also been made hugely easier and more agreeable by the support of Council. In the end, if you had not backed what we wanted to do in publishing, it would have made a very hard road to follow. But you have always listened to what I have had to say, generally supported it -- and if I have not had your support, it is probably because I have not explained it clearly enough. As a consequence, we have been able to drive forward publishing here,

H knowing that it meets, through you, the aims of the profession as a whole. Thank you very much. It

A has been a pleasure.

THE PRESIDENT: Could I call this meeting to a close. Thank you. That must be the shortest Council meeting in history!

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