Transcript of the Public session of the Council meeting held on Tuesday 31 March 2009 at 36 York Place, Edinburgh

[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
Mr G Alexander
Mrs K Blair
Mr D Carter
Mrs D Drury
Dr P Entwistle
Mrs S Hikins
Mr R Jobling
Mr A Kershaw
Mrs S Kilby
Ms A Moore
Mr D Simpson
Professor K Wilson

Ms S Agha
Mrs M Allan
Mrs C Brown
Dr B Curwain
Dr C Duggan
Mr J Gentle
Mrs L Jacobs
Mr J Jolley

In attendance
Mrs B Taylor, Chairman of the English Pharmacy Board, Mrs S Melville, Chairman of the Scottish Pharmacy Board and Mr P Jones, Vice-Chairman of the Welsh Pharmacy Board

Mr J Holmes, Chief Executive & Registrar

Mr Steve Churton, The President: Good afternoon, Council. Before we get going on formal public business this afternoon Sandra would like to say a few words.

Mrs Sandra Melville, Chairman of the Scottish Pharmacy Board: Thank you, President. I remember when we had the meeting in Cardiff in October I was incredibly impressed when the President made his opening introduction in Welsh. I have been looking forward to hearing what he has to say in Gaelic to us this afternoon! You can imagine my disappointment when I heard, a couple of hours ago, that he had not actually prepared anything, but he is wearing a very nice Saltire tie! **(Laughter)** But it solved a dilemma for me, because I was a little worried about stealing your thunder. I can say now say to you, with a very heartfelt … **(Gaelic words spoken).** For any of you who do not speak Gaelic, that means good afternoon friends and welcome to Scotland. I sincerely mean welcome to Scotland and welcome to Edinburgh and York Place, which has been the home of the Society in Scotland since 1884. It is great to have you here. I believe it is 167 years since there was a public formal Council meeting in Scotland. It is interesting that you have chosen the homecoming year in 2009 to have the next one. That is not really relevant and might be a happy coincidence.

What is really relevant is we are doing it this year, when we are building the foundations of a new professional body, and it will have its backbone in the home countries, closer to the members, and more able to influence the health care of these nations. So it is particularly relevant that you are here this year and I welcome that.

I think this is a very opportune moment to formally recognise Council's foresight in setting up the devolution review that had ultimately led to the set up of the National Pharmacy Boards. I would like that to be noted and to thank Council for having the enlightened vision to do that. I will not say any more except thank you for coming and slange va, which means good health.

The President: Thanks very much, Sandra. I hope you will forgive me for not attempting to say anything in Gaelic. Welsh was one challenge and I think Gaelic might be quite another -- but I did wear a tie, as you can see. Thank you very much. It is very good to bring Council here. You are right that it is the first time, I think in 168 years, Council have had a public meeting in Scotland. It is about time we did. It is long overdue. Thank you for your welcome.

1. Apologies for absence

We have apologies for absence from Jane Ramsey, Bob Michell, Marcia Saunders, Nick Barber and David Thomson. From a Board point of view, Marc Donovan is not able to join us, but Peter is here on his behalf.

2. Declaration of interests

Could I remind Council members to declare interests at the beginning of relevant items.

4. Minutes of the public business part of the meetings of Council held on 3 and 4 February and 3 March 2009

Can I ask Council to look at the minutes of the public business held on 3 and 4 February and on the 3 March. They have been previously circulated and are attached to the agenda. I assume these are an accurate reflection of discussions and decisions on those occasions.

Mr Douglas Simpson: On page 3/4 (09.27), Public Business 3 March, I voted against the definition of pharmaceutical scientist. I did not abstain. I made myself clear at the time.

The President: You are saying you voted against, instead of having abstained. That is noted.

Mrs Dorothy Drury: I abstained.

The President: On the same item?

Mrs Dorothy Drury: Yes.

Mr Jeremy Holmes, Chief Executive & Registrar: We have one other correction on item 09/29 in the second paragraph. "Professor Barber advised that the award". In fact, it was not the award we were discussing; it was the report, which had been launched with an expert panel," etcetera. In the second sentence of this paragraph: "This report and on-going work was an example of the professional body leading the profession." Just correcting that to say it was the report not the award.

The President: Are we content with those amendments, to accept the minutes? **(Agreed)** Thank you very much, Council.

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

I have not been advised of any matters arising, so I propose to move to the next item.

13. Rules of procedure for the Society's Annual General Meeting and Special General Meeting

I would like to bring forward item 13, paper 36. Before we get into the substantive discussion about that contents of that paper, I want to reflect on the discussion that Council had this morning, specifically around the issue highlighted in the Special General Meeting motions. I was wondering whether any Council members would like to talk to the record on any of the issues we talked about this morning, which was quite an extensive discussion.

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The Treasurer, Mr Andrew Gush: Good afternoon, colleagues. I share and understand the concerns that members have raised. As a pharmacist, I will always consider myself to be a pharmacist, and am likely to continue referring to myself as a pharmacist long after I retire. Surely no regulator is going to prosecute a retired pharmacist who continues to refer to himself as a pharmacist, if they do not practise. As a regulator, the Society has enforced a protected title for many decades. In all that time, it has not prosecuted a single retired pharmacist for referring to themselves as a pharmacist who does not practise. But it has been very effective in ensuring that non-pharmacists have not been able to use or abuse this title.

I think the solution to this problem is simple. It is fair to accept that the present regulator will continue not to prosecute retired pharmacists who refer to themselves as pharmacists, as long as they do not practise. It just needs PRLOG and the future GPhC regulator to give an assurance that they will not change this sensible position.

Mr John Jolley: I would like to recognise the very real concerns that have been raised by the people who have called for a Special General Meeting. I think, though, these concerns are more with regard to the deficiencies in the Government paper on the Schedule 60 requirement, in that the problems are not with this Society; it is with the fact these regulations are not complete and explicit enough. Furthermore, the final decision on this does not rest with the Society; it rests with the Department of Health, and that is the body that should be taking the lead on all these discussions. There are people's livelihoods concerned about this. There is a consistency with what pharmacists in the rest of Europe are referred to. I think we have to recognise that we cannot take or support any position which brings some unusual or particular perspective with regard to the UK. We have to safeguard the title 'pharmacist', because we certainly do not want to have anybody offering illegitimate pharmaceutical services. We have one of the biggest problems facing us with counterfeit medicine, and this is only going to be addressed by additional pharmacist control of the supply chain. These issues have to be grasped, and the one message I would like to make loud and clear is that we wait to hear from those in the Department of Health in terms of how are 'they' going to address these issues, not how the Society are supposed to respond to this group of very eminent and very senior members of the profession.

Mrs Alison Moore: There were a couple of things I wanted to say. The way I see the debate is that there are two options available to us as a profession: Either we have a restricted title of pharmacist, or we do not, and we look at restricting the practice of pharmacy instead. To me, whether we should have 'registered pharmacist, 'licensed pharmacist' is an unnecessary complication. If we have 'pharmacist' as a restricted title, I believe that the decision reached last time was the correct decision, and suggesting it is done in the correct way: Protecting the public and safeguarding members' interests. [We would] have a good definition of practising pharmacy. I think that there are some misunderstandings with the general membership over what the definition of 'practising' is. I think we need to emphasise what 'practising pharmacist' is, and make sure people are aware of that.

I think we also need to show that we have explored the options of having a non-restricted title of pharmacist as well, and demonstrate that we have looked at the alternatives; at how doctors and nurses run their professions to see whether that is for us. I know we have looked at that and we should be able to demonstrate that.

Mrs Sylvia Hikins: I hope when we do get to the Special General Meeting that we will be in atmosphere where we will listen to each other carefully and consider each other's views. I was extremely heartened by the response from National Pharmacy Boards around the issue of the protected title of pharmacist, making the very valid point that the profession has worked long and hard to educate the public and other health professions about what it means to be a pharmacist. I do not think we should lose that; it is about public trust. I think the public do trust their pharmacist. If pharmacists had to be registered pharmacists and the door was open for other kinds of pseudo-pharmacist, I think that trust could well be lost.

Dr Brian Curwain: It is clear in the modern day that the regulation of pharmacists is not just about the traditional areas of practice of pharmacy; it is about the regulation of the profession as a whole, and anybody who holds themselves out to be a pharmacist. If they do that -- whether they are giving advice, sitting on boards, writing books and articles, teaching and so on -- then my wish would be that these such individuals should be registered with the regulatory body and should be subject to the Code of Ethics and so on.

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The second point regarding restricted title is that if, as one motion suggests, control of the restricted title passes to the new professional body, then that gives the new professional body statutory powers. And if the new professional body has statutory powers, then by definition the Government has a stake in it and is capable, through the Privy Council, of affecting how it behaves, the rules it would work under and so on. That would very much curtail the freedom of our professional body, which we need to safeguard.

Mr Ray Jobling: I welcome the further debate we will get. I think the Special General Meeting should allow people to air their views and get their points across and enable us to clarify the position. As far as regulation goes, I think what we are looking for here -- and I speak as a lay member with a public interest in this -- is not over-tight regulation of these matters -- defining, stifling and inhibiting practice -- and not too light regulation, because I fear that just leads to 'anything goes'. In that connection, like Brian, I feel that people who practise in spheres away from patient-facing roles are indeed practising as professional pharmacists, and therefore should welcome the regulatory embrace. It is about what I would like to call right regulation; appropriate and proportionate. No-one will go hunting down people seeking to do … **(Inaudible)** I want to see a way of getting innovation, dynamism in the profession. Not just merely protecting people, in the sense of getting pharmacists to do no harm -- I think few people that at the present time … **(Inaudible)** but finding ways of encouraging pharmacists to do good and to do better.

Mr Alan Kershaw: Professional titles are important in that pharmacists, along with other professions, fight to get them; they fight to keep them and they do not want the title taken away. It becomes your professional identity, and therefore your personal identity. Funnily enough, that matters to the public too, that professionals have that kind of self-respect. I cannot imagine anyone here -- whether a professional member or a lay member -- wants to take that away; the right of a pharmacist to call themselves a pharmacist. Indeed, I think we are doing our level best to make sure as many people as possible are able to carry on doing that, so I do have every sympathy with the people who are raising the issues that are to be discussed at the SGM, because they are anxious to protect that to. We are actually trying to achieve the same end. That is what Council was doing in the decision taken, and I strongly support that.

Just to echo what has just been said, the Government has said that regulation and professional leadership are going to be separated. That has been echoed by the pharmacy profession and by Trans Com and so on.

The regulator's job is to protect the public, and that will be the GPhC's role. One of the jobs for a regulator is to enforce a title that is protected; that is what regulators do. Professions generally work hard to get their titles protected in law, and should welcome that when it is, as indeed it has been. By contrast, professional bodies do not have the kind of statutory powers that I think are envisaged in some of the things that are proposed, to look after the main protected title of a profession. I have heard it said that the public would not be confused by having two protected titles; one given by the regulator and one given by the leadership body, whether registered pharmacist or pharmacist. I differ from that. The public perfectly well understands a pharmacist is a respected professional. They have never heard of registered pharmacist. To introduce the idea begs the questions about everything that has gone before. It is a bit like the clock striking 13. To change public understanding I think will take a good deal of time; time that we do not have.

So all the effort and pain that has been caused by separating the professional leadership, do we want to go back on that? Do we want to muddy the waters so the professional body takes on a certain regulatory function? Is that the beginning of more things? Will there be far more confusion than the past? Is it for that body to be sitting in judgment over whether individuals have broken a code? Did individuals … **(Inaudible)** members? Do we want registered pharmacists, who are registered with the GPhC, to find that because they have not got a professional body, they can call themselves a registered pharmacist but not a pharmacist? It is bizarre.

So I do believe that those who have called the SGM are entirely well meaning. They are obviously passionate in what they believe and I think we can share that with them. I do not think the solution will work for the public and profession. That is why I think we should stand by the decision the Council has made.

Mr Martin Astbury, Vice-President: I totally agree with what Alan said. I want to take this opportunity to emphasise something Brian mentioned: The fact that we will no longer be the regulator once we become

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the new professional body. Along with becoming the new professional body, Privy Council interference and influence goes along with that regulation.

That will go to GPhC, quite appropriately. It is absolutely vital that the new professional body should be free to speak for its members without looking over its shoulders at the Privy Council.

Mr Steve Acres: Just to amplify the point made by Martin. We have been saddled with a very difficult decision here, because we are coming from two angles. If we do not separate professional leadership and regulation now, then future organisations will be saddled with the same problem.

Mrs Dorothy Drury: Pharmacists quite rightly enjoy working in different sectors, it is important for the profession itself, and for the protection of the public, that all pharmacists are professionally equal. So all need to be regulated by the GPhC.

Mr Gerald Alexander: I think we need to be clear what the restricted title, pharmacist, means. I think all of us would agree that we are lucky to have this restricted title. In fact, you could refer to it as a blessing. In terms of what the public understand, they understand what a pharmacist does, when they interface with professionals in that sphere. What does a pharmacist do? A pharmacist confers the right to practise; the title confers the right to practise. I am entirely sympathetic with the eminent members of our profession who have written and concerned themselves with the dilemma that this Council has faced. The legislation, through the Section 60 order, creates that dilemma. But I think our current circumstances, the fact that we are a professional body and a regulator, means that we actually have to act in the public interest. The public interest is to try and balance the concerns of the profession and the understanding of the public. The public actually understands what a pharmacist is. Once you have created alternative titles, things become slightly muddy and unclear. I think it is in our interest, as a profession, to make it as crystal clear for the public what a pharmacist is, I think the Section 60 Order provides that clarity.

But I think Andrew touches on a point that, [according to] custom and practice, there has never been a prosecution of individuals purporting to be pharmacists who were pharmacists at some point. I think it would be probably not a criminal offence that if an individual did not intend to mislead, I could not see it would be in the public interest to prosecute such an individual, even if they had been a pharmacist at some point in their career. And one would hope that proportionality prevails with the new GPhC in the way they deal with these issues.

Over the years I have always referred to myself as a pharmaceutical chemist, often not as a pharmacist. The public understand what a pharmacist is. I would hope that perhaps the fact that the restriction of the title 'pharmaceutical chemist', pharmaceutist and some of the other titles that were not taken out of the Medicines Act, but they are not going to be referred to as restricted titles any more, could perhaps be used by members of the new professional body. So if you were not a registered individual who was licensed to practise in the future, you could still refer to yourself as a pharmaceutical chemist. One would hope that that would suffice. I think we should not jeopardize the position we have currently. Why would you wish to see an individual who is not a pharmacist, and has never been a pharmacist, to call themselves a pharmacist? Arguably there could be all sorts of quasi professionals out there who would love to call themselves pharmacists. If you cannot force the restricted right to those who have the right to practise as a pharmacist, it makes a mockery of what the public would understand. I understand that the profession is concerned, and there are some deep concerns out there, but I think we just have to balance what is right for the public and what is right for the profession and we have to move on.

Mrs Sue Kilby: We are often criticised by our members for not showing leadership from this organisation. We spent quite a long time discussing this. Unfortunately it was not all in open meeting. However, we have spent time and we have listened to the information and views that have been put forward by our members. We have also sought advice, both internally and externally, from learned Counsel on this matter. We have come to our decision and based it on the interest of public safety and also what is best for our members in totality -- not just one sector of our membership, but looking at it across all members. It is often difficult to come to a solution which will meet everybody's satisfaction. But we have tried to come to a solution which
will best meet public safety and for the members' best interests. Therefore, I think we should stand by what we have said, but go forward to the SGM and listen to any further information that is put forward, or different perspectives.

The Chief Executive & Registrar: Could I pick up on Gerald's point in relation to retired pharmacists who have retired from the register. I am not aware of any prosecution of a pharmacist who is no longer on the register for continuing to use the title. But I think Council is to be applauded for seeking to get the facility for those who have retired from the register to call themselves retired pharmacists, or former pharmacists, enshrined in law. Although, as far as I am aware, there has been no prosecution, I think it is a step in the right direction to have facility available to them, so they can call themselves retired, or former pharmacists.

I would also like to make the point that last week's Pharmaceutical Journal had a piece about restricted titles in which that very point was made at the table. And in future in the forthcoming issue of the Journal, we will be sharing the substance of the legal advice that we received and has been discussed in Council, so all our members can see what the arguments are and some of the background to the decisions that Council has taken.

Professor Keith Wilson: I just hope that we recognise there are some very serious concerns outside, and that the groups expressing concerns are very senior and respected members of the profession. I think that the Special Meeting gives the opportunity to try and communicate better with that group. There is clearly a problem with communication. It is not any particular person's fault, or this Council's fault. A lot of it actually goes back to the complexities of legislation, and this excessive change in legislation that is going on. So I think we need to use that opportunity to communicate with the membership. I think the reality, as we heard this morning, of the legal advice we have had is that this Council has no option but to go the way it is going, and really it is the Government who is driving this.

Mr John Gentle: I would say it has been a little disappointing to read the negativity of a lot of people who have been writing to the PJ and the pharmaceutical press, who have been commenting about negative aspects of the decision. It is important to recognise that the Council took this as a positive decision to protect the titles for the 50,000 pharmacists who are on the registration. Being a pharmacist is a position that is generally held in regard by the general public. If you look at survey after survey on how the public regard the Police, MPs, journalists, doctors and all the professions, pharmacists tend to be highly regarded and near the top. It is a very important thing and is something that the Council has acted positively to protect. That is our greater responsibility. That does not mean to say that we should ignore those people who are working in other areas of community and hospital pharmacy who have concerns, and those pharmacists about to retire from the register. But it is important to make clear to those people that the position they are in, based on the decisions that this Council has taken, means they have more options to describe themselves how they want. They are on safer legal grounding. The guidance we have been given from the Department of Health, and the comments made earlier about previous prosecutions, or lack of them, the guidance we have been given from the Department of Health make it absolutely clear that retired pharmacists are not the target of the GPhC in this legislation. It is the con men and the shysters selling snake oil on the net. Those are the people these regulations are purporting to stop. We need to stop those people describing themselves as pharmacists, because that title has kudos and that title carries weight and conveys responsibility on a product they want to pass off as something else. It is counterfeit pharmacists as well as counterfeit medicines we are concerned with. We need to stop those. We need to protect the title and we need to bear in mind the concerns of the pharmacists Keith referred to earlier, and the retired pharmacists, who may not be eminent; they may just have served 50 years on the register and served thousands of patients and done an excellent, good professional job in their communities over the years. It is those people, not just the eminent pharmacist, that we should bear in mind, and I think we have.

The President: I would like to say that clearly some important issues have been raised over several weeks now and vocalised through the pages of the PJ. I think everybody in the room acknowledges that this is a difficult situation we have been placed in. We have to respect, and we do understand, the concerns of those members who have called the SGM, and the other members who sympathise with their view, and we need to take their concerns seriously and indeed we do. We have actively listened and we will continue to listen, and hopefully have a very objective and productive SGM on the 19 April. Thank you, Council, for all of the debate today.

We are now going to go on to the substantive part of this paper, which is 36. Can I check that people have the right version of this? We are on page 1/9.

Ms Martyn Schofield, Deputy Head of Secretariat: This is a very straightforward paper. Every year Council are asked in March or April to agree the procedure for the forthcoming AGM. This year we are taking the opportunity to put forward the rules of procedure for the SGM on the 19th, and Council are asked to confirm the rules of procedure. In the second copy of this paper, we added the BRM rules of procedure, because Amanda King wanted to us to agree a minor amendment, which is on paragraph 11 of Appendix 3. So it is just to confirm the rules of procedure and the date for the SGM.

The President: If I could refer colleagues to Appendix 1, 'Proposed rules of procedure for the Annual General Meeting.' Does anybody have comments to make on Appendix 1? **(None)** Can I ask Council to agree (i)? **(Agreed)**

Moving on to (ii), if I can refer you to Appendix 2, "Rules of procedure for matters raised and motions submitted for debate at the SGM.' Any comments? **(None)** Can I ask for Council's agreement to (ii)? **(Agreed)**

An SGM has been called for 19 April. Can I ask Council to confirm 19 April as the date for the SGM? (Iii)? (Agreed) Item (iv) refers to Appendix 3, which are the Rules of procedure for Branch Representatives Meetings. This is to approve a minor amendment of the rules.

Ms Martyn Schofield: In paragraph 11, in underlined Italics, is the revised edition. It is just to say we are going to attach something instead of having it separate.

The President: Can we agree that? **(Agreed)** Thank you.
Council.

Regulatory Matters

6. Referrals from Law & Ethics Committee
There are two papers to consider here papers 28 and 28A.

Mr David Carter: Good afternoon, Council. Can I turn you to paper 09/04/C/28. It is to agree the professional standards and guidance for responsible pharmacists. The Responsible Pharmacist Regulations were laid before Parliament in October 2008, and are due to come into effect on 1 October 2009. These will set the quality framework for the safe and effective operation of pharmacies and will underpin proposed changes to supervision, which will come later. To consider the content of the professional standards guidance that will supplement the Code of Ethics, the Society convened a steering group. This group was convened with wide-ranging representatives from all over Great Britain (England, Scotland, Wales, Northern Ireland) including most pharmacy stakeholders. The professional standards guidance was subject to an eight-week consultation, which closed on 6 March. There were 289 responses. The steering group considered the responses to the consultation and agreed the draft standards for Law and Ethics Committee to consider. The Law and Ethics Committee considered at length the recommendations of the steering group. I am going to hand over to Priya, who will take us through each part of the standards. When we come to the point on absence, I will come back and introduce the section, as I would like to inform Council of some specific conversations held at Law and Ethics on this area.

Ms Priya Sejpal, Head of Professional Ethics: The key part to look at is Appendix 1, which has the standards for you to agree, beginning on page 5/9. I think as David said, we considered the standards at length at Law and Ethics, and so too did the steering group, both prior to consultation and afterwards. I will take you through section by section and if you have any questions on those specific areas I am here to answer them.

Starting with the first page about this document, this is the same as all of the other standards documents that support the Code of Ethics, in that it sets the scene. We have introduced a supplementary paragraph about the de-merger of the Society and the creation of the General Pharmaceutical Council.

At the bottom of the page we move to the status of the document. It is probably a point here to remind you this document will set out mandatory 'must do' requirements and good practice 'should do ' requirements. It explains what the status of the document is, in terms of forming part of the regulatory framework of the Society.

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What you will see throughout the document are clear specific references to the law where appropriate or necessary. The document does not refer to the law in its totality. But where it is needed for the standards to make sense, we have included the law. Moving on to Part 1, this is just some general information about the responsible pharmacist; i.e. the fact that they are appointed to secure the safe and effective running of the pharmacy. We have put in a word about the sale and supply of medicines, because the Medicines Act is solely concerned with the supply of medicines.

Then the standards we have included here are to ensure that (i) the responsible pharmacist establishes the scope of their role and their responsibility and that they take all reasonable steps to clarify any ambiguities. And (i) that they should not be working outside of their competency. That is really just reinforcing the requirement of the Code of Ethics.

Moving on to section 2, the second part of the legislation refers to requirements around pharmacy procedures, specifically the need for the responsible pharmacist to establish, if not already established, maintain and review pharmacy procedures. What we have tried to do in this section is to tease out the differences between an amendment to the procedures and a review; an amendment being a temporary change to the procedure. For example, if a member of staff has phoned in sick, you would amend the procedure for that temporary period of time, with the procedure reverting back to normal once that temporary change has passed. A review being a revaluation of the content of the procedure. The law requires that procedures are reviewed regularly, and the steering group have recommended, with Law and Ethics agreement, for that to be a minimum of two years.

Moving to the standards, what we have tried to do is make it very clear for the profession. We have some general standards, for example, making sure there are adequate back-ups and that procedures are being operated. We have specific standards in relation to establishing the procedures; more specifically, that you need to mark those with a date on which they were prepared and the date on which they are due for review.

If I can draw your attention to the amendment of pharmacy procedures, we have 2.6 and 2.7. In error, I included 2.6 under the amendment of pharmacy procedures, but you will see that that is actually in relation to review. That will come out and is included under the section 'review of pharmacy procedures'.

Moving on under the review, we talk about the fact that the review needs to take place every two years, and that an audit trail needs to be maintained, so at any point in time we can see exactly what procedures were being operated. We have some good practice at the end.

Mrs Alison Moore: Can I ask a question about 2.4? Is that a 'should 'or a 'must'?

Ms Priya Sejpal: It is a 'should', so it should be in the good practice section. Well spotted!

Moving to Part 3, we have the requirement of maintaining the pharmacy record. I have included the part in italics, because it is a key part of the regulations, that failure to complete the record is a criminal offence that could result in prosecution. Again, Appendix 3 sets out the minimum information that would be required by the law. Our standards here include simply making sure that the record is accurate and contemporaneous; i.e. fill it in at the time and not retrospectively. And to ensure that adequate back-ups are kept, and that any alterations to the records can indicate who made those alterations. We have got [somebody coughed!] good practice to those standards.

We are then back on to absence.

Mr David Carter: This is something that we took a long time to consider. The committee were informed that one area that the steering group spent an awful lot of time considering was the need for pharmacists to record their reasons for absence. The steering group could agree that the need to record the [reasons for] absence should not be a mandatory standard. Furthermore, following a vote, it was agreed by the Steering group that standards should remain silent in requiring the reason for absence to be recorded.

So the Law and Ethics Committee reconsidered at length the recommendations of the steering group at this particular point and were fully supportive of the steering group, that the need to record the reason for absence must not be a mandatory standard. As the Committee now considered the need of the

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profession for a clear message to be given, and the fact that the percentage of respondents, who did want the reason to be recorded -- which was somewhere in the region of 80 percent – the Committee agreed that rather than remain silent, it should be good practice to require the reason for absence to be recorded. The reasons are outlined in paragraph 4 on page 4/9.

Ms Priya Sejpal: What I can say under section 4, the majority of the paragraph that you see directly under ‘absence’ is really in relation to what the law requires. The only extra standard we have is around the need to exercise professional judgment until deciding whether to be absence from pharmacy. The regulations are actually silent as to why you should leave the pharmacy. But after much debate and consideration, the Law and Ethics Committee do feel that it would be appropriate, as a matter of good practice, to record the reasons for absence.

Then Appendix A and B, which are simply references to the requirements of the law.

Mrs Sue Kilby: I have a general comment on how the whole document applies to hospital pharmacy. At the moment there are a lot of hospital pharmacists who are not happy with the situation around responsible pharmacy, because of the way that the pharmacies are managed. At the moment, a technician can be left in charge who is responsible for writing up the SOPs and everything within the dispensary. Also on this requirement of pharmacists, there is a constant turnover of pharmacists in hospitals, so they would not necessarily be within the pharmacy all day. You could be going on to the wards, here, there and everywhere. Have we done anything to help hospital pharmacists maintain their registered status, or is this adding complications?

Ms Priya Sejpal: It was not included in this paper, but Law and Ethics were given an update. The Responsible Pharmacist Regulations are applicable to all registered premises, so would only apply to hospitals that do have registered premises. We have been working closely with the Guild, and the Hospital Pharmacist Group have responded to the consultation on the standards. The areas of concern that the hospital sector have is in relation to trying to understand and get clarity on what is considered to be the course of the business of the hospital, which is a term used in the Medicines Act. It has been used prior to the Responsible Pharmacist Regulations, and will continued to be used in the foreseeable future. The Responsible Pharmacist Regulations themselves have not caused this lack of clarity; it has always been there. What the regulations have done is almost heighten the lack of clarity. In conversations I have had with the hospital sector, mainly in the Guild -- we did have representation from the Guild on the steering group -- the Guild have raised questions with the Department of Health specifically around the course of the business of the hospital. Clarity on that area of law is not really within the gift of the Society. It is certainly not an area that the standards for the responsible pharmacist can go in any way to clarify. We are working with the Guild to clarify these areas. What I have had had confirmed is that whatever clarity comes, in terms of the meaning of the course of the business of a hospital, the standards that I have put before you today are not going to be the sticking point. As I understand it, the hospital sector would, with certain tweaks (as would be the case for community pharmacy) be able to confirm with the standards we are putting in place.

Mrs Alison Moore: I have a general question about locuming. I feel nervous about the responsibility on the table when I walk into a new pharmacy that I have not been to before, at short notice, when I am not aware of the way the shop works. My understanding of this is that I would not be able to bring my own SOPs. It should be specific to the place, rather than to the pharmacist. So some more guidance to help explain to a locum and to the manager and the persons who actually run the business, how we can interpret this legislation; how one can understand the legislation, follow it and still actually do your job of work, rather than spend all day reading the SOPs, would be very useful.

Ms Priya Sejpal: Within the responsible pharmacist consultation on the standards, there were a lot of areas were raised from the profession; FAQs, scenarios and dilemmas. You will be pleased to know we have been working on a toolkit for pharmacists to use, and we are looking to get that circulated well before the regulations come into effect. The practical support we produce as a profession is by no means going to be able to answer every eventuality and every circumstance that you might find yourself in. It would be wrong for us to try and answer every question. Instead, what we need to do is give the pharmacists the tools to be able to exercise professional judgment when they find themselves in different situations. The toolkit that we are producing, the practical support, will have information for locums. I think there will be a need to explore some of the specific areas, and I am not saying the toolkit will answer everything, but we feel it will certainly give pharmacists the support that they need, come 1 October.

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Mrs Sue Kilby: One of the concerns that have been raised to me from a number of people that own independent pharmacies is the concern about whether would be impact on the employment status of locums once they have actually signed up to taking on the responsible pharmacist. We may not be here as Council to consider employment issues, but it could have a knock-on effect.
Because if it does have an impact on the employment status of locums, it could actually affect the workforce that is actually out there. I just wondered whether that has been considered, and whether any reassurance can be given me that it is not going to be an issue, as far as the employment status of locums [is concerned].

Ms Priya Sejpal: This is something that has been flagged. The employment status of locums would lie with the Inland Revenue. And as you appreciate, it is difficult, to say the least, in terms of trying to rectify this. It is something that we will raise. Whether there will be an opportunity to rectify that -- again, we have had the requirement for SOPs to be in place since 2005. This is setting in stone in legislation the need for procedures, but it is important to get across that nothing is changing in the sense that locums will have been working to procedures in pharmacies for the last three to four years. So again, these issues are being highlighted as a requirement of the regulations, but the regulations are not going to be able to fix everything, but it is something that has been flagged.

Mr Ray Jobling: I served as a lay member on steering group and wanted to put on the record my appreciation for the process and outcome. It was impressive for its involvement of people from right across different parts of the profession -- professional practice, small pharmacies, big pharmacies and so on. It was very, very reassuring, I thought, as a member of public. Actually, it was exemplary, in terms of the professional leadership shown and the regulatory action. It was an extremely thorough process, in both that process but also the outcome, in terms of clarifying and making plain the mandatory standards, and giving very, very good guidance for good practice. At every stage, I believed the care of patients was the first concern of all concerned in it. I think that really needs to be said. It was a very, very good exercise and I felt at the end, much of it technical, I was keen to commend it to Council.

The President: Thank you Ray. Could I particularly thank Marc Donovan for stepping into the Chair of the group, who did a splendid job. Thank you also, Priya, for guiding us through this and David and Law & Ethics for reaching their conclusions.

With the transfer of 2.4 down to good practice, and with the removal of 2.6 on the bullets, could I ask Council to agree the Professional Standards and Guidance for the Responsible Pharmacist? **(Agreed)**

Mr David Carter: Moving on to item 28A about agreeing the changes to the Professional Standards for Pharmacists and Pharmacy Technicians in positions of authority. Very briefly, the Society held a consultation on consequential amendments on the positions of authority standards. The consultation responses were considered by Law and Ethics Committee and Priya can take us through the changes.

Ms Priya Sejpal: Again, a very short paper. The standards that you have in Appendix 1 of pharmacists and pharmacy technicians in positions of authority were standards agreed in full by Council back in 2007. I have not highlighted every single change within the document. What I can advise you is that the changes that we made to this document were consequential changes as a result of the introduction of the Responsible Pharmacist regulations. The vast majority of changes were made towards the back of the document, section 10 referring to superintendent pharmacists. We previously had a section that talked about pharmacists in personal control, which obviously needs to be amended.

We specifically introduced a section under the superintendent's part to say that you ensure that the responsible pharmacist is supported to fulfil their legal and professional responsibilities, and that appropriate systems need to be in place to deal with concerns raised by the responsible pharmacist. Otherwise, the changes to this document were consequential changes.

Mr Douglas Simpson: Page 5/9, 4.1, managerial need. "[Quote]." I would have thought that was a very difficult area, and I wonder whether it is a requirement that is actually easy to fulfil. The other point is on 5.2, ensuring you have sufficient language competence for their role. These are difficult areas.

Ms Priya Sejpal: The two statements that Doug refers to, 4.1 and 5.2, are actually standing standards. They have not been amended as a result of this consultation.

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In terms of how easy they are to prove, I am not sure we actively ask pharmacists to show that they have done this. But it would be more the case if there were cause for concern, or a complaint raised, then that would be investigated through appropriate investigative roles that regulation undertake. It would then be for the Investigating or Disciplinary Committee to consider. I have no further information apart from that, except that they are not new standards.

Mr Douglas Simpson: I had not spotted them before. I thought they would be very difficult ones to actually deal with as a manager.

Dr Brian Curwain: I am just referring to 4/9 under paragraph 1, accepting positions of authority. "You must accept work only where you have the skills and competencies for the task to be performed. When taking on any position of authority -- and so on. When one takes on a senior role, quite often you know you will have some learning and some development to do in order to fully do this role, if it is one you have not done before. I am talking about management, change management and things like that, rather than roles within pharmacy practice in the traditional sense. I want some reassurance I suppose that this does not mean that you must be absolutely tooled-up to do everything the job could possibly want from day one, because that is really not very feasible.

Ms Priya Sejpal: That is not my understanding of this standard. I think we are talking here that you could accept that role, but recognise the limits of your abilities and competencies, then seek to undertake learning or development in order to up-skill yourself. It would be quite wrong to say you had to be able to do 100 percent of the job from day one, because you would probably not take the job as you would have nowhere else to progress to. I think what we are saying is that it is important you recognise where your competencies lie and what gaps you need to fill in order to progress yourself through your job.

The President: Any more comments? **(None)** Can I ask Council to agree to change the Standards and Guidance for pharmacists and pharmacy technicians in positions of authority? **(Agreed)**

7. Implementation of the statutory register for pharmacy technicians fee rules for 2009

We move to item 7, which is paper 29, Implementation of statutory register for pharmacy technicians fee rules for 2009, registration cycle for pharmacy technicians.

Mrs Wendy Harris, Deputy Registrar/Director of Regulations: Just to remind everyone, this relates to the Healthcare and Associated Professions Miscellaneous Amendments and Practitioner Psychologists Order 2009, which is also known as Order section 60(1)B. I am bringing this paper to you today just so we can be prepared. The Order has been laid before Westminster and Scottish Parliaments and indeed is being debated in both Parliaments today. Depending on progress on that debate, it will then go to Committee Stage and will then go the House of Lords. Parliamentary process pending that would be just after the Easter recess. So we could be looking to it going on the statute book by June, and starting the statutory register for technicians from 1 July of this year.

I wanted to bring this paper to you on the fees and process in good time to make sure we were prepared and could give notification to all of the technicians out there. Hopefully it will be clear to you. This is set out so we can show how much technicians will pay when they first join the register. That includes an application fee for validation, or evaluation of the information they provide, plus the retention fee that will then be paid subsequently thereafter. We have based that retention fee on the decision that was made by Council in 2004, which was to have a quarterly retention fee differential for the first year of registration. So we have followed through with that. For example, someone joining the technicians register between January and March pays the full year retention fee, in addition to the application fee, whereas someone joining between October and December pays a quarter of the annual retention fee, plus the application fee. As I said, the purpose of this paper is to smooth the workflow as much as possible during this transition period of from going from voluntary to the statutory register, which we are having to grow. We have in theory around 8,000 on the voluntary register, and we certainly know it will grow to at least 16,000 in a fairly sharp spike.

The President: Any questions? **(None)** Can I ask the Council to agree the fee rules for the 2009 registration cycle for pharmacy technicians? **(Agreed)**

8. Implementation of Council decisions on CPD

Mrs Wendy Harris: If I could remind Council, at your last meeting you received a number of papers

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on CPD. One was a report of a pilot study that has been run for over a year on just over one thousand volunteer registrants who have submitted their CPD record for review and received personal feedback. You had a copy of the full report from that. You also received the feedback from the consultation which had commenced in October of 2008 on standards for CPD, which Law and Ethics have supported and presented to this Committee to which you agreed. That was that we would commence a call and review, and that that would contain nine records. What we are trying to do now is to start the process up. Because again, this is preparatory work. When we move to GPhC it will become a statutory requirement of all registrant pharmacists and pharmacy technicians to undertake their CPD and to provide evidence on request by the regulator. That evidence, from March 2009 to March 2010 is a first year for GPhC that it will rely for any registrant it calls upon to provide their CPD portfolio. In the meantime, we have for a number of years now had a requirement within the Code of Ethics mandating our members, our registrants, to undertake CPD and who, on their annual retention fee form, make a declaration that they have undertaken CPD, or continue to undertake CPD relevant to their contemporary practice. We have not tested, other than through the polite study, the quality and quantity of those records, but we do know that there will be an absolute range within there, from those who have very diligently collected all of their CPD records on a regular basis and would perhaps have the Encyclopaedia Britannica to submit to us if we request. Equally, there would be those who have nothing and a great many who would be somewhere in between. I would not like us to be in the position of opening the doors for GPhC and the professional body, and having a call for CPD for registrants, to statutorily require them to submit CPD, when they have not had help to get to the number they need to submit by then. We do the profession no favours to leave them exposed to that level.

So I have brought this paper to you today to ask that we take this middle step, this easing step, to help our registered members move towards that. A point to bear in mind is that when it becomes statutory, if we go the same way as the General Dental Council has just gone on its CPD, on request, if that CPD record is not supplied after one reminder, the registrant is struck off the register.

Again, if I can remind you, when we brought the paper to the last Council, when you received the proposed standards, I also brought a paper on making the non-provision of CPD records a non-referral criteria under the current regulations. Because again, what I wanted us to do, during this interim and transitional period, was to help and support every one of our members, so they can achieve this requirement that will be made of them at a later date.

The proposal is that we would like to start call and review in July. It will be a very, very slow start. We think we will get to a maximum of 200 records a week by the end of the year, which would mean we would touch less than five percent of our current registered membership.

We will call for records with the proposal to receive them within six weeks. But we also propose that if we did not receive them within six weeks, we would then write one or perhaps two reminders, thereby giving approximately a 12-week or three-month period from original request to the time when they should be with us. Every set of records will be reviewed and everybody will receive individual feedback from the reviewers. We now have 50 reviewers to review the CPD records.

We have suggested that CPD, rather than being one year's evidence or portfolio, because we have contained this requirement within the Code of Ethics since 2005, that any records from 2005 to 2009 will be acceptable. As I said, we might have the Encyclopaedia Britannica from some, so we have actually put an upper limit to say, "Please don't give us more than 20 records as your evidence," but we are not putting a lower limit. So again, those people who perhaps have only made one or two records would be able to submit these and have support. I would like to ask Council to agree that in summer of this year we do commence this supporting route to assist our members in achieving that CPD provision.

The President: Thank you. Can I remind Council that this is an area which was considered by Trans Com during its deliberation and seemed to be a key reason for membership of the new professional body, in terms of the support the professional body would give to them for CPD and ultimately revalidation. Therefore it is really at the heart of the new professional body.

The Treasurer: I was going to reiterate what Steve said. It was at the centre of the Trans Com deliberations. It is important, as a professional body, we have a first-class package of assistance for our members with their CPD. Most of you are aware that during the last Council meeting I voiced my

objections to asking members to submit nine pieces of CPD rather than six, on the grounds that a fit for purpose, electronic recording platform was not yet available; nor an enhanced support package for our members.

I note the required action in the paper, but I also ask my Council colleagues to consider two additional proposals to help our members meet the new Council-approved CPD requirements. I would like to propose that members are given three months' notice to support their portfolio of nine CPD entries or less, especially during the essential six to nine months, when they have stated they have not tested the quantity or quality of CPD. Therefore, I would like us to consider the initial six to nine month period as a dry-run, during which members will receive help and supportive feedback. There could be regular articles informed by experiences, and our new reviewers could be monitored and assessed. And after a time, we could publish a report on any issues encountered and changes made as a result. This is much more member-friendly than a non-referral policing without prosecution approach.

I think these two proposals show that we are focusing on the needs of our members, while operating in the overall envelope of regulatory responsibility. I ask for your support.

Mrs Wendy Harris: We are suggesting we write and ask for them within six weeks, but that there are then two reminders. That then brings it in line with the requirements we agreed for the non-referral criteria. So it would be a number of requests made to them. So there will be a period, like I said, of 12 weeks or three months to achieve that. We either give them three months in one go, or we could write, as we proposed originally in the paper here, that it is six weeks, but then there is the reminder. Like I said, the reminder was included, to remind people to say it is part of the non-referral criteria. We are trying to nudge people that way.

In terms of a dry-run, I think it is about how we position it. It is very much about the communications exercise that is wrapped around this, both from the regulatory side of the house and the professional body side. We have undertaken the feasibility study, so have already had already over a thousand registrants going through this. So we know that the system works. We know that the reviewers work. We know that the numbers work. This is more around us working to help and support the profession. This is to help the profession get to that place before the GPhC opens its door. So it is perhaps not a dry-run, but certainly something in terms of placing it for that promotion.

If I could just respond. Andrew made a very pertinent point about monitoring and assessment of the reviewers. Just to assure you, not only do we take the reviewers on and train them, we also give them covert portfolios to review. At different times they have seen the same ones that are dummy portfolios, and we monitor their performance against it, so we are sure there is a levelling out. So whichever reviewer your records are sent to, you can be assured of a consistent standard of response.

The Chief Executive & Registrar: If I could respond to a point Andrew made, I agree we need to adopt a supportive and facilitative stance on this, such that the profession can be helped towards the requirements that the GPhC are going to introduce. I draw Council's attention to 3.4 of the paper, which summarises the work that we are undertaking to provide that kind of support. Work is progressing well on streamlining the website, the up-to-date recording website. It is not going to be a completely new website, but it is going to be much improved and much more user-friendly. That will be in place by the time the call and review takes place.

Mr Douglas Simpson: My CPD record is up-to-date! The thing that jumped out on what you were saying earlier about the General Dental Council and calling for records, the thing that will make pharmacists do this is when it becomes legally mandatory. It has not really worked making it mandatory under the Code of Ethics. I remember once we said it was mandatory under the Code of Ethics, but we had a letter from the President going out saying, "It's jolly good. We have got 50 percent of pharmacists doing it," which was a rather odd message to send out, because if it was mandatory they should all be doing it. He should not be expressing pleasure that half of them are doing it. When is it likely to be -- bearing in mind the record of the GDC -- that the GPhC might be set up and start calling for records and being in a position to strike people off for not responding in a couple of months? I was wonder when this might actually happen?

Ms Wendy Harris: The statutory requirement is part of the primary legislation. So the day the GPhC opens its doors it will be calling for records, and will then take a view on how it deals with those

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individuals who do not provide. At the moment, there is nothing in the primary legislation to say that it would lead to a striking off, but that will come with the rules that underpin that legislation. I am trying to read the runes of what the secondary legislation has been containing for the other regulators. I am using it by way of an example.

Mr Douglas Simpson: If we make it clear that when the GPhC gets going, it is expected that pharmacists will have a reviewable set of CPD records, that will certainly make a huge difference on the amount that will get going at the present time. If that were highlighted, that would make an enormous difference, in my opinion.

Dr Catherine Duggan: I wanted to say I am in support of this. I think there is an awful lot of anxiety in the profession about mandatory CPD; whether people are doing it or not. It is an area of uncharted territory for many. If we, at this present time, before the de-merger can be seen to be supporting our members to achieve CPD in whatever way it comes out, I think these proposals are fully supportive. Additionally, it gives us an opportunity to pilot ways to support people and to also communicate those. If you see over the next 12 months that things are changing, that the supportive structures are there and that they are being developed in line with members' needs, I think there is a huge opportunity here, as well as an opportunity to showcase the support.

Mr Steve Acres: Like Catherine I am very supportive of the process. I want to seek clarity over (iv) which we are being asked to review, which is the CPD records review before March 2010, expected to reflect CPD declarations made. I think you covered that a bit in your preamble, but is it right that somebody with only one or two records in the preceding three or four years will not be penalised?

Mrs Wendy Harris: By putting it into the non-referral criteria we are making it absolutely certain that people will not be penalised. The link to this is to say that if you have actually made the legal declaration -- because that is what this is -- on your annual retention form, then we would expect you to have got some. But during this easement, this whole progress to support, we are not going to take action, if there are only one or two and not 20.

The Chief Executive & Registrar: If I can add to that. As Wendy said, there is no lower limit. So you have got a period from 2005 to 2009, which is actually quite a generous easing in period.

Mr Steve Acres: It will be interesting to see what we get back.

Mrs Sylvia Hikins: As well as the call and review, what if someone phones in and needs help with CPD? Can we deal with that? Do we have the resources to do that?

The Registrar: Yes. We are setting up a helpline. We intend to have that up by the time call and review starts.

Mrs Alison Moore: I was pleased to see 3.3 in particular about the criticisms of the recording system having been listened to, and some work being done to look at it. Could that be emphasised? It has been a concern for a long time of members. So it would be useful for them to know we are reviewing the system. I have had two comments really; one is about people saying they are quite happy to do CPD, they do a lot of CPD, but what they hate is the process of recording it and they find our website rather difficult to do the recording. It is not CPD people are anxious about, but getting it on the website they find particularly stressful. So having all that support will help, and the review of the website will help. The other comment that people give is those people that have already been through the recall system as part of the pilot and comment on the type of feedback they got from the reviewers. I wondered how many of those people who have been through that system have been contacted again to say: How useful did you find our review of your CPD? Do you feel now you know how to record it; you know what to do? The feedback that I have had at branches is that they are none the wiser, having had their CPD reviewed. They feel like they have had technical comments on how to enter it appropriately in the system, but not comments on whether the content was appropriate and that sort of thing. Maybe some more work could be done with those who have been through the system already to say, "Okay. You have got some feedback. How did you find it? What other types of feedback would you like to get?

The Vice-President: Version 3 that is now out there is a big improvement on 1 and 2. Anybody who makes an entry now will be a big improvement on anyone who tried to make an entry three years ago.

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Thank you Wendy for your intro. It dealt with a lot of the fears I had before. We have a number of givens here. We have agreed we are going to start bringing CPD in. The other given is that obviously [we have had to] put forward a strategy whereby over the next five years everyone will be called in. That strategy will be carried through by the GPharmC.

Following from there, even though I accept we may only be asking for a small number of records on this first instance, because we will be setting down the rules of what people will get used to, I feel safer with what Andrew said about this idea of a three-month period, when you are asking somebody to submit records. Further down the line we are looking at five years' worth of records, a minimum of nine per year, so 45 records. Now yes, people should have been doing them and should be up to date, and so on and so forth, but I do have some concerns of a very short period of asking. I would go for the three months that Andrew said. If you were going for six weeks, I could accept that with the other caveat that Wendy suggested if you avoid the months that I assumed you were going to avoid anyway, which is that you would not ask for people to be handing in their CPD during December. Also, I would have put in during two summer months, July and August. They are not periods people want to be looking and reviewing and doing these sort of things. They do not want to have a panic attack of "I have to submit this, that and the other! The taxman does not ask for his tax returns in the middle of summer. I have concerns. If we are going with a six weeks start, I have concerns over starting it in either July or August. If we are going with six weeks, I would have to ask for it to start in September. But my preference would be to go for three months.

Mrs Wendy Harris: The start date we are proposing is July, but we have always, in communications with the membership, talked about the summer. The difficulty with summer, particularly in government terms, it is a very long season -- as is every other season of the year. I am concerned that the later we make it, the less time we have got to help anybody before GPhC opens its doors. We are restricting down the number of people we can support. I am less inclined to feel that I need to go that way, but I obviously have to be steered by Council.

The Vice-President: I accept what you say, but I still think it will come as a shock to a number of people, when they are asked to hand this in. It should not come as a shock. I really believe -- and it is not going to change the public; it is not endangering the public, delaying, because it is not delaying the start date we are talking about, and I suggest September would be a better place to start.

The President: Can we take some comments on the start date?

Mrs Sue Kilby: I have real concerns about leaving it for three months. Because my human nature is "Well, I've got three months," and I leave it right to the end of the three months. Then I do everything according to priority. I would rather go with the suggestion Wendy made, where you have six weeks, then you have two weeks' reminder and then another two weeks. Because that is the way I operate. It is a bit like getting final reminders. I have my list of priorities, and whatever is at the top of my list of having to get in the next day, when you are running a business, you do that. So I would rather go for the six weeks. I also think it would be a good idea to try and get it started earlier rather than later, with the feeling that if you are starting to call for records in July, there is going to be some delay in getting some of the records back anyway, because some people will need to take six weeks, three months, by the time they come to it. So you will get stragglers. You will not get everyone sending in their records in July. You will get a small proportion of the keen, interested people that have been doing it for a long time, but I guess most people sitting around this table probably have not got perfect records (with the exception of Doug?) So we have all got to get back and check what we are doing.

I think it is the fear of the unknown for a lot of people, because they are not quite sure what they are coping with. We are all a bit concerned as to whether we are actually up to standard, or are doing it the correct way. Actually, the sooner we can start to put our records forward -- most people will probably be reassured in what they get back, because they will not get major criticisms. If I take what Alison said, because I have heard exactly the same comments, people have not necessarily found it that helpful. What they have not found is, hands up in horror, "Oh my God! I'm doing everything totally wrong," and are thinking it is an awful procedure. We have got to take it in easy steps. It is coming and we have to move forward. Things will change over a period of time. I guess when GPhC comes in things will be amended, things will be altered and we will have learnt from what we are doing. I think we have to start to do something with it. We have to stop putting off the inevitable, quite honestly.

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The President: I do not see many people shaking their heads, so I take it many people are in agreement with that.

The Vice-President: The only other point mentioned by Wendy was we would be building to five percent over the first six months. Again, I was going to be asking that during this period -- and I totally agree we have to build capacity in order to see everyone over that five year period. But in the first year I think there should be a cap, for various reasons, which should be at 10 percent of registrants called in in that 12-month period. I would like us to work around that for budgeting, as well as various other reasons, and that is what we should employ in that first year.

Mrs Wendy Harris: We cannot set it for one year, because if the GPhC opens its doors on 1 April 2010, and we only start up this call up in July, we will only have nine months before the legislation was laid and it becomes a statutory requirement.

The Vice-President: I think you and I know what timetable we might be working towards, but I totally take on board if it went before, it would be for GPhC to revisit that.

Mrs Wendy Harris: The idea is that each registrant will be contacted once every five years. That is what would be required to be achieved by GPhC, which obviously means proportionately 20 percent in a year, but we will not have built that. Like I say, it is going to be less that 5 percent we will get to in this time.

Mrs Dorothy Drury: Pharmacists want to do CPD, and the biggest problem is that the recording site is not very user-friendly. The first question it asks you is how long did this entry take you, and this sort of problem. The members I have met are not bothered that you are supposed to be able to do it in 15 to 20 minutes. They will do an hour, two hours; they want to do it. But we want the observing to be worthwhile; not that the process is more important than the actual learning.

Dr Brian Curwain: I absolutely support what Wendy said in terms of her preamble. I was rather more concerned when I actually read the paper. I think it would be helpful to have a little bit of clarity in terms of what finally goes in the minutes. Essentially, we are saying we will call for them in within six weeks, but for the moment the axe will not fall for about a three-month period. I am very comfortable with that. For the reasons that Sue put forward -- and she and I work in same rather last-minute fashion, (I think 6 weeks works for me in that context) -- but the real point which you have made, which is crucial, is that any records are acceptable since 2005. When I read this, 4 said -- “reviewed before March will be expected to reflect CPD declaration made by pharmacists each year from 2005. That tells me I am going to have to find all my records. Although there are probably a lot there, I know I have lost some paper records. That worries me and we need to clarify that for when it goes on the website.

Mrs Margaret Allan: I have two questions and that was going to be one of them. When you are saying you are looking at a maximum of 20, when I am working with my pharmacists within my role in WCPE I think I will be strongly advising them to be using current records rather than going back to 2005, as I hope current records (a) are more relevant and (b) they would probably be better at doing them by now. Just some assurance that you are not looking for something from every year, but if it is 20 from whenever, between those years, that is fine.

The other question, which may sound bizarre, but I have a feeling I might be asked it is: is there any opportunity for people to volunteer their records for support and guidance, because there will be people out there who will say, “I actually want this support. I want you to tell me whether what I am doing is appropriate before it becomes mandatory,” and they might even feel slightly disadvantaged if they are not called in. That sounds bizarre, but there will be people who feel that.

The President: We will take that on board.

Mrs Wendy Harris: It is a very good question, and not one I have come prepared for, thinking it would be asked. The pilot study was very much based very much on volunteers. We had over a thousand volunteers. So there is, and historically others have said, a great willingness with people to do it. With the tools that the professional body side is developing, the telephone helpline, there is that opportunity for our members to get in touch. And I am sure as a regulator I would not like to deny anybody the opportunity. If they wanted to send their records, why would I say, “No, don’t send them.” It is more around capacity.

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If the entire membership decided they all wanted to submit their records at the same time, the problem would be that they would not get responses back from us for a long time, because we do only have 50 reviewers. So it is proportionality in all cases.

Mrs Margaret Allan: You basically, you would not say no.

Mrs Wendy Harris: We would not say no.

Mrs Margaret Allan: You would not actively encourage it.

Mrs Wendy Harris: That is right.

Mr John Gentle: It seems to me if we did ask people to hand in examples from 2005, 2006, 2007 and 2008, those pharmacists who only actively began recording in 2007, who have no records of '05, '06, might think, "Well, I'm going to get stuffed anyway, 'cause they had them in 2005, so there's no point carrying on recording it anyway." It would be an act of disincentive to CPD. So we are not actually saying you need to hand in historical records.

Mrs Wendy Harris: No. I think we just need to re-craft the words on this one. It has been in the Code of Ethics since 2005, so we will receive a portfolio that covers any time from 2005 to now. What would you like to submit? Because if you are choosing to submit just a few pieces, and you have got a lot, you might want to seek counsel on what you did do in 2005 which was key and demonstrable -----

Mr John Gentle: I understand about the Code of Ethics, but it seems to me that those who have no records since 2005 might regard it as a disincentive to continue to doing it anyway. You mentioned about six weeks, three months and sending reminders.

But for those pharmacists who are doing it online, as opposed to those who have been doing it on paper and put them in a shoebox somewhere, can you not just look at the records anyway?

Mrs Wendy Harris: No. It is your personal record. The regulator really does not want to see all your records.

Mr John Gentle: What is the difference between going in and looking and asking for them?

Mrs Wendy Harris: Privacy, ownership and confidentiality. The regulator will only need to see a certain level. If you put all your records, thoughts, recollections into a CPD record in your head, on a hard copy on paper or a computer programme, the idea of some of the services of the professional body will help you refine it and think what you will need to present out of that to the regulator. I have been talking about the regulator making this statutory. The next step that happens is revalidation. The submission of your CPD portfolio in years to come will be what revalidates you each year, or each period of years. So this is all about preparation and step-wise process. It is also around what you want to keep for your record versus what the regulator needs to see, and trust me; the regulator does not need see a great deal.

The Registrar: In the de-merged world, we are working on a website that has the facility for the registrant to say, "Yes, I am prepared for that to be audited and called in by the regulator." So a send button and lock button that says, "I am happy with that now. Having considered that, I am prepared for it to go over the other side of the wall so it can be called up, if that registrant's records appear in the cycle. So it would be at the discretion of the registrant when they wanted to send it to the other side, but at the discretion of the regulator for which ones they audit.

Mr John Gentle: So members of Council would have public and private business!

Mrs Lorna Jacobs: In terms of six weeks, could I clarify? If a registrant gets a letter dated 1 July saying, "Please can you send your records," and they have to respond in six weeks. In that six weeks they are getting them ready, is it acceptable within those six week that they do the CPD? In other words, if it is clear that the CPD has been done in that six weeks, are you saying, "Oh, this is somebody trying to defraud us; trying to make it look as if it was done in May or April." Is it acceptable, between 1 July and the middle of August you do your CPD and you record it?

Mrs Wendy Harris: We get into difficult legal ground where, if someone seeks absolutely to defraud, or seeks to circumvent, by putting the non-referral criteria -- that was to say, if you do not send us anything during this period, before we get to GPhC, we will not take action against you, other than you will get a letter from the Chief Inspector, the same as you would for any other non-referral criteria. I just remind everybody that non-referral criteria, a letter from the Chief Inspector, stays on your record for five years.

The Treasurer: That is precisely why I wanted a dry-run, so people were not being policed and have these letters.

Mrs Lorna Jacobs: Can I clarify? Is it absolutely up-front if you get your letter on 1 July, by the middle of August you have to send something, and you can date it 20 July. "I did on 20 July my CPD and that is what I am sending you."

Mrs Wendy Harris: If you did your CPD then, then yes.

Mrs Cathryn Brown: What Andrew is concerned about I think is that somebody might send a couple of records and that would put them down a non-referral route. Whereas my understanding is if you do not send anything, you go down the non-referral route. If you send something but it is not really what they are looking for, then you get supported and brought up to speed.

The President: That is correct.

Dr Brian Curwain: One final bit of clarification. The six weeks, and then a reminder letter, is not six weeks and then a letter from the Chief Inspector, in the first instance.

Mrs Wendy Harris: No. The letter from the Chief Inspector is the final piece, after a number of reminders, after we have gone beyond the three-month period.

The President: We have had a good conversation about it, because it is an important issue. Could I ask Council to agree to (i)? (Agreed) Could I ask Council to note (ii), (iii) and (iv), bearing in mind the comments you have raised, particularly with regard to (iv)? (Agreed) Thank you Council. We will have a short coffee break.

(After a short break)

<u>9. Investigating Committee Annual Report to Council.</u>

<u>10. Statutory Committees Statistical Report.</u>

The President: We are on items 9 and 10, which are for noting. Gerald and Seema have comments on item 9, which is the Investigating Committee annual report. Before we take comments, could I thank Kenny Mullan for his chairmanship of the Investigating Committee and for producing this excellent report.

Mr Gerald Alexander: On page 3/22, under 'Membership and composition' it says during the year under consideration and following the appointment of a new judicial position, the Chairman of the Committee tendered his resignation. During that period a further recruitment process exercise resulted in the appointment of new Chair of the Investigating Committee." I just wanted to ask the Chief Executive and Registrar, have we been written to and advised who that individual is? Is the identity of the individual embargoed? If so, what is the reason?

The Chief Executive & Registrar: It was in the Council information sheet of 13 March. The lady in question is Karen Rae, who is a barrister very experienced in regulatory law and appointed through the Appointments Group, chaired by Elizabeth Filkin.

Mr Gerald Alexander: We get the paper electronically.

Ms Seema Agha: Page 1 in paragraph 1, at the end, it says March 2008 to the end of February 2008. It should say 2009. The period of the report.

The President: It says 9 on my copy. It needs amending.

Ms Seema Agha: The other issue is in relation to the report. There are questions the Chairman asked. He said he had made referrals to the Law and Ethics Committee. It may be helpful to say that those have been actioned, so there is follow through to say, not only did the Chairman raise them, but the Committee addressed them and what the follow through is, we have not just ignored what the Chairman was saying in his report. That is something that would be helpful.

I have a further point in relation to the remit of the Committee. It talks in paragraph 1 that they are to provide an annual report in relation to trends and patterns. I cannot remember, because it was a year ago, what those were supposed to be interpreted as. But one of the issues that the other regulators have seen is in relation to disproportionate numbers of ethnic minorities, registrants, being referred to infringement-type committees and statutory committees. Where are those figures pooled to show we are a fair and proportionate regulator, in terms of diversity? One of the regulators where I sit a committee they have had a huge report done and there is a lot of criticism about money now having to be spent in trying to set up databases to trap those figures. If we learn from other regulators, it is an opportunity to capture that early on than to lose public confidence. In terms of a trend, would the trend be around diversity, looking at is anything disproportionate happening?

Mrs Wendy Harris: That is a very pertinent point. We have started a survey a few weeks ago, both of the complainants and of the registrants, looking specifically for generating an equality and diversity report to form part of an LTP report later this year that Council will be receiving.

Ms Seema Agha: Is there something we could perhaps note somewhere that this is going to be happening in our work plan; that it is not something we have just ignored.

Mrs Wendy Harris: Because it has not been undertaken by the Investigating Committee, by Dr Mullan -- it has been undertaken by myself and the FTP team, it was not relevant for us to contain it within this report.

10. Statutory Committee statistical report.

The President: Moving to item 10 is for noting. I would like to thank you, Jean, for an excellent detailed report from the Statutory Committee.

Organisational Matters

11. Chief Executive and Registrar's report

Martin would like to declare interest as he is named in the paper.

The Chief Executive & Registrar: This recommendation from the Officers relates to the FIP Congress in Istanbul, which actually overlaps with BPC. FIP was moved, I think because of the Turkish Grand Prix. BPC was there first, and we had organised it such that there was not an overlap, then FIP was moved to create an overlap. We are asking Council to agree first of all that the President and myself attend the first two days of Congress, then fly back on 5 September so we can go to BPC. Secondly, that the Chief Scientific Adviser, or either the Director of Wales or the Director of Policy and Communications attend the conference for one or two days, but with BPC science sessions taking priority. Then that the Vice-President represents Council on the FIP Council 2009, and that the Vice-President also represents the Society at the FIP, Community Pharmacy Steering Group.

The President: Could I ask for Council's agreement (i) to (iv)?

Mrs Alison Moore: When you say the Vice-President, do you mean Martin or whoever happens to be Vice-President at the time?

The President: Good question.

The Chief Executive & Registrar: Can I draw Council's attention to the second paragraph after the small Roman numerals? "The Officers considered who should be the Society's representative from Council and noted this role requires an understanding of the ways of working of FIP.

It was beneficial to have continuity of representation. Martin Astbury, being the Society's representative in 07 and 08, the officers agreed to recommend to Council that he be appointed as the FIP 2009 Council representative." I think Martin would be a very good choice.

Mrs Alison Moore: So it says Martin Astbury.

Mrs Sue Kilby: There is one other person who has experience of FIP, but I agree with the Vice-President. It should not be ignored that there are others on Council. The other question I have is that I have never understood why we have this representative on the Community Pharmacy for FIP. We do not have any representatives. I know Catherine is involved with the Academic Group on FIP.

Dr Catherine Duggan: I am there on the hospital.

Mrs Sue Kilby: But you are not actually there on behalf of the Society. There is also the industry sector, which I know Jane Nicholson used to do. I wondered why it states specifically community pharmacy and there is nobody for the other sectors. You may or may not be able to help me on that.

The President: I personally cannot, because it predates me.

Dr Catherine Duggan: I do not know that the other groups have such a broad constituency. I think FIP has been the largest, drawing in more of the formal relationships. There is no reason to suppose we could not put that forward as an idea, it being that the Pharmaceutical Society has such high standing internationally, FIP regards the Royal Pharmaceutical Society of Great Britain as a real leading professional body. It might be a good opportunity now to start issues about having formal representation on other groups, and I could easily start that going. For the record, I will be at Conference speaking on one of the days.

The President: Do I have agreement from (i) through (iv)? **(Agreed)**

The Chief Executive & Registrar: The next item is to receive minutes of Scottish Pharmacy Board and the English Pharmacy Board which I do not think you have in your pack, but it has been circulated previously. Item (c) is the CHRE performance review.
We have not had their draft report, but I can tell you we had a very positive meeting with Harry Caton and Mike Andrews and his team. I think Wendy and the team did very well. We got a good end of school year report! What happens next is that they will summarise their conclusions and send it to us. Council, as you will recall, is invited to make a comment on that summary report, but then it has to be compiled into the CHRE's full report before they let Parliament publish it. That has to happen before the next Council meeting in May. So we are seeking Council's agreement to comment upon their summary report by email, and for the President to sign it off before it goes back to CHRE, because it has to happen in the window between now and the next Council meeting. Is Council content for that to be the process? **(Agreed)** I have had a chat with Alison and agreed to take item 12 first thing tomorrow morning. I have brought forward before item 13, so we are now on to item 14, which is paper 37.

<u>14. Pharmaceutical Society staff pension trustees paper</u>
I ask for declarations of interest from Doug. Anybody else?

Mr Alan Kershaw: I hope this will be a straightforward mechanical matter. It is simply a matter of updating the rules. It requires a formal resolution here simply to bring the procedures for dealing with conflict among the trustees into line with modern requirements. It is slightly behind.

The paper explained, particularly on 2, what you need to do. The background paragraphs 1.2 and 3 explain the slight difference that this would authorise. That is, at the moment formally a director(?)is required simply to declare an interest, and then carries on regardless. Whereas the requirement would be, as we would have in Council here, to declare an interest and then get out, or at least stay silent if required by the remainder of the Board. I hope you regard it as a straightforward matter, if Council would be prepared to approve this resolution and necessary consequential changes being made to the documentation.

The President: Any comments?

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Mr Douglas Simpson: It is Miss Anne Lewis, not Ms.

The President: Could Council agree (i) through (iii)? **(Agreed)**

15. Pharmaceutical Journal Oversight Board
There are two papers for noting. Item 15, page 38, the Pharmaceutical Journal Oversight Board paper. Thank you to Neil Dixon for chairing the group and preparing the report.

16. Council update
Paper 39. Thank you, Martyn, for preparing that.

Professional Leadership Matters

17. Branch Representatives' Meeting
Paper 40. This is to note the motions going forward for debate at the BRM and to agree the circulation to branches of the background information to the motions. Could I ask whether John and/or David want to say anything?

Mr John Gentle: I did have a nice speech prepared. There was a point. Obviously I am keen for Council to look at the information and make any comments. It is the background information on each paper we are here to consider. I think it would speed things along if we did not get into the nub of debating the motions, because the idea presented to Council now is to give you the information on the motions there. The intention is not to debate these motions now, but to look at the background information and check whether there is any vital information we think might be missing, or should be added, or whether we think it is fine as presented.

The President: We asked Council members in submit any comments and no comments were received.

Mrs Sylvia Hikins: Just a question on the Leeds motion on page 17. In our comments, we talk of extra funding being available to branches. It would be useful to know -- and I do not expect to have the information now -- how many applications for extra funding were made last year and how many were successful; just a report on how it is working, given that it is mentioned in our response.

Mr John Gentle: There was about 40. The Panel, consisting of me, Dave, Graham and one or two other branch secretaries who judge validity of claim. What basically happens is that there is a pot of money, which is not known in advance, and that is divvied up between branches who apply. They might ask for £500. If they ask for £5,000, they are not likely to get all of it, but most branches get some. Of the 40 who applied, all got something.

Mrs Sylvia Hikins: I suggest it might be useful to put one or two sentences on the process.

Mr John Gentle: We might be a little careful on the amounts given out.

Mr Alan Kershaw: This is a separate matter. Could I comment, favourably first of all, that the tenor of these responses, which I think now we have come to have established a much more positive and sympathetic approach to these motions. When I was first on Council, we appeared to write these in order to rubbish them and head them off. It is recognised now, much better than it used to be in the past, that there is really a point in there, although it may not be expressed as well as it could be, and we do our best to listen, respond and help. On 22, 7 /22 and above the bold headings, it twice refers to "it will be my understanding." "It is my understanding". Who is "I"? It presumably is a comment by an Inspector, and it needs to be broadened out. It begs the question of who is speaking. If it is us, we should say so.

Mrs Alison Moore: I have a couple of comments. First, on motion B, page 5, I had a chat with Brian before the meeting. Could we add in a sentence along the lines of the fact that Science meeting said this is one of subjects they are going to look at this year in its agendas; not whether involvement in homeopathy brings the profession into disrepute, but to look at the sensitive background. We would say we would look at this, over the next 12 months. Therefore could we add a sentence to that effect in the background information?

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Dr Brian Curwain: Yes.

Mr John Jolley: Does that not add fuel to the fire? If we read the motion, the motion is suggesting that homeopathy brings discredit to the profession. What are we saying? That the Science Committee is, for whatever reason, looking at homeopathy? I am sorry, but no! I think that is asking for trouble, to be perfectly honest with you.

Dr Brian Curwain: There is some pressure from members of the Science Committee to reconsider this. I think what I would hope is that we are not just going to reconsider "does homeopathy work? But some broader issues surrounding pharmacy practice and the use of complementary therapies. My concern about this motion is that it picks on homeopathy as being a particular issue. There are quite a few things that actually we are involved in selling and giving advice on which probably do not work, so I do not see why homeopathy should be made a scapegoat for that. So I would really rather see the Science Committee take a broader view of the problem that confronts practising pharmacists to bring to Council for its consideration later in the year, rather than simply the "does homeopathy work?" issue.

The President: We could choose the right words.

Mr John Gentle: In the third paragraph: "Reading to the words" . I think it would be better if customers went to pharmacists for advice and they gave them the appropriate advice. Because if pharmacists do not stock these products and advise on them, it means people have to go elsewhere. The advice they would get on homeopathy would not be of same quality and standard. We are not talking about promotion of homeopathy …. **(Inaudible)** It is giving advice when asked.

Mrs Alison Moore: The next motion about the liquid waste. I wondered whether it was practicable -- I understand what currently the situation is, and I understand this is what is explained in the background information. There are comments to be made about proportionality and whether it is appropriate at all for the Society to be saying, "Yes, we know what the legal situation is but -- " Is there any kind of leeway; anything we could do in terms of making the response more proportionate. The reason the motion is made is not for debating the motion but looking whether there is anything further that can be put in the background that is regulatory.

Mr David Pruce, Director of Policy & Communications: I think you have to remember that background information is purely as factual background information to inform the debate. You have to reserve something for Council to say after the motion has been gone through. That is the sort of thing you might want to reserve for a Council response, rather than being in the factual information.

Mr John Gentle: It talks about the situation where we cannot possibly have an Inspector -- every time a pharmacist finishes a bottle of methadone -- obviously that means dispensing it! **(Laughter)** -- they call the Inspector to get it authorised and witnessed. In my pharmacy -- and in lots of pharmacies now who deal with a substantial number -- we are talking of dealing about 150, 160 of these bottles a week. By the time you rinse them out, you are down to homeopath levels of methadone. **(Laughter)** So I do not think it is a significant problem. Proportionality I think is the way to go. Maybe we could make some comments about that. If we have give the impression that pharmacists are to ask the Inspectors, or use the denaturing kit. Are we being asked to use 150 denaturing kits a week? It is patently ridiculous. It is a comment about what we put in. We do not want to give the impression in our comments that the need to deal with these bottles is greater than it actually is.

Mr David Pruce: Again, I think we are getting into the sort of response that Council might make, rather than factual information to allow a good debate. That is what we are trying to achieve in the background information. Not give Council's opinion, but to give information to encourage a meaningful debate.

Mrs Alison Moore: Page 22. Again we have a very regulatory-focused piece of background information. I wondered whether it is appropriate to add a sentence about the workplace pressures campaign you are running at the moment, just to say that we are aware of some of the issues that are out there, we are looking at this and, if appropriate, some of that might be incorporated.

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The President: That is a very sensible suggestion, Alison.

With those comments, could I take it that we are happy to note those motions going forward and agree circulation? **(Agreed)**

Thank, you Council, we will reconvene at nine tomorrow.

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