

THE ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

SPECIAL COUNCIL MEETING

Wednesday 20 May 2009

PUBLIC BUSINESS

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

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THE PRESIDENT: Welcome to this Special Council Meeting. It is special because it is quite short. It is a two-hour Council meeting. Traditionally the May Council meeting is quite short because we have business to attend to after this meeting, in terms of the Fellows reception, the awarding of the Fellowships and the AGM. We have a stop time of 3.30 for this meeting.

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1. Welcome to guests

Before we start, can I welcome several people to the room. First of all our observers, John Rees, John Balmford, Tony Cartwright and Nicholas Davidson. Welcome. It is good to see you all. I also welcome three newly elected Council members, Valerie Turner, Tristan Learoyd and Graham Hall. Welcome to you all. I know you have had a busy two days here already. This is part of your induction programme. I am told that officially you do not become a Council member until one minute past midnight tonight.

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2. Apologies for absence

I have a few apologies. Kay Blair, who is in Toronto I think at her son's wedding, Jane Ramsey and Phillida Entwistle. Lorna will be late, but will be hopefully joining us later.

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3. Declarations of interest

Before we start the first substantive item, could I ask Council to make declarations of interest at the start of any agenda item. With that, I move to public business and item 3, which is the substantive item for this part of the Council meeting. It is the item concerning the Special General Meeting held on 19 April. Can I ask Jeremy to introduce this.

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4. Special Council Meeting held on 19 April 2009

THE CHIEF EXECUTIVE AND REGISTRAR: As Council members know, the Special General Meeting was held on 19 April and was attended by 137 members of the Society. Six motions were debated and voted upon. You have those six motions in the paper before you. All motions were carried. You also have an extract from the transcript of the SGM which includes the text of the speeches made by those proposing and seconding each motion.

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What we will be considering at today's meeting is whether there is any information in that, or other material, that Council considers should change its previously agreed position on the question of the restricted title.

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THE PRESIDENT: By way of preamble and introduction to the item, may I remind Council of the process leading up to our agreement of the Society's submission to the Department of Health and to the Scottish Government response to the consultation on this draft Order.

The Society response was extremely well informed and discussed extensively by members of the National Pharmacy Boards, who focused on our response from a professional leadership perspective, and by the Working Group comprising five colleagues from Council, very ably chaired by Seema,

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A | which considered the issues from the regulatory standpoint. Council reviewed an initial draft of its submission at its meeting on 4 February and this was further discussed in detail at its meeting on 3 March. At this stage, Council had available to assist its discussion a helpful submission by Dr John Rees and colleagues, which I had invited in response to several exchanges of emails between Dr Rees and others, predominantly with the Chief-Executive and Registrar.

B | Council also had available to it comprehensive briefing notes on the issue of the restricted title from the Deputy Registrar. It was at its March meeting that Council agreed this submission and in particular its position on the issue of the restricted title. Just to remind members, we can show on the screen five bullet points of our submission.

C | That the title pharmacist should continue to be restricted to those suitably qualified and registered with the General Pharmaceutical Council. The broader definition of practising proposed in the draft order will encompass more members of the profession than at present, but not all will wish to be on the practising register. The General Pharmaceutical Council should therefore consider maintenance of a non-practising register. The General Pharmaceutical Council should also allow those members of the profession who do not wish to be on either the practising or the non-practising register to call themselves retired or former pharmacists, and that the future introduction of revalidation may provide opportunity for further review of this issue. The full 42-page Council response to the consultation was then submitted ahead of the closing date of 9 March.

D | Since that time, there has been extensive correspondence and activity which has included 33 members requisitioning the Special General Meeting that took place on Sunday 19 April. To illustrate the sheer volume of correspondence, the information and opinion which has been aired and the amount of effort involved by all parties involved, may I refer Council to the final documentation in front of me and just to mention a few of these contents:

E | The drafted Pharmacy Order itself; the Department of Health Q&A used to support the consultation events; two 24-page Council papers used to inform the drafting of Council's response; a 10-page briefing to Council from the Deputy Registrar; Dr Rees's briefing paper to the March meeting of Council; Council's formal 42-page response to the consultation; five full-page PJ articles from the Society; a full-page PJ article from Dr Rees and colleagues; 10 pages of legal advice from Allen and Overy; 46 letters to the Pharmaceutical Journal; 117 comments posted on PJ online; two leading articles from the Pharmaceutical Journal; 24 additional articles from the Pharmaceutical Journal; a 70-page President's briefing for the Special General Meeting; 37 pages of background notes to the President's briefing for the Special General Meeting; 46 pages of transcript from the Special General meeting; and an 11-page pre-reading brief for this meeting of Council provided by Dr Rees and his colleagues.

G | I make these points for no other reason than to simply illustrate that this particular issue has to have been one of the most thoroughly considered and discussed issues for years. So much so that I would suggest that we are in some danger of information overload here. The views have been expressed strongly, not least at the SGM, and it is of course right for Council to note these and consider its position in the light of them.

H | It is also right, however, that Council acknowledges current reality. Although I cannot say so with certainty, I would consider it extremely likely that the Department of Health has, at this stage in the process, undertaken a thorough review of all the submissions received ahead of the closing date of 9 March and reached decisions on its recommendations to place before the Minister. We should therefore be cognisant that any further representation at this stage from Council or anyone else is

A likely to have very limited, if any, influence. It is for these reasons that I propose that further discussion by Council on these issues be limited to the next hour or so. I suggest that the key question before us is this: Since the Council reached its stance on the issue of the restricted title, has any argument been advanced or new information come to light which on reflection should cause us to change our current position? If we believe that this is the case, and that our position should be further considered, we should focus on and restrict our discussion to the specific arguments or points of detail. I suggest it would not be sensible to use our time to re-rehearse all the wider debate. I think we are more than well aware of the arguments and the counter-arguments here.

To ensure the total openness and transparency and also the efficiency of our discussion today I intend to go around every Council member in turn to allow ample opportunity for free and unrestricted comment, and of course I will invite any of the observers here today to clarify any points of detail that might arise.

C So before I go around the table, I would like to check that Council members are in agreement that this is the most sensible and most efficient way to address this discussion, and that we are content with the suggested approach that I have just outlined. **(Agreed)**

D As I ask everyone in turn, I would be grateful if you would focus on the questions being asked and shown on the screen. If anyone believes that we should reconsider our position, could you please state clearly what is it that has led you to this view; i.e. what is the argument or point of information that has persuaded you that this should be the case. We shall note such comments as we go round, and then we will come back to discuss those comments at the end of that session.

I would normally start with alphabetical order and start with Steve. I am going to be different today and start with Keith. If we could go round the room and everyone feel free to have their say.

E **PROFESSOR KEITH WILSON:** Thank you, President. There are three points I would like to make initially, then a comment about pharmacy education, since my position on the Council is one to represent education. I had some initial concerns around the issue of individual self-identity, which has been stressed very much in relation to pharmacists, and talk of criminal action and ... **(Inaudible)**. But I think Council has done what it can in terms of recommending to the Department of Health to have a second non-practising register. I think also [it has been clarified] that it is not the intention to prosecute people who use a title on an informal one-to-one basis. Really, the basic philosophy remains the Medicines Act philosophy, it is in relation to business of the profession. I think it is clear that the Council still has a responsibility for regulation. Protected titles are there to protect the public, not only to protect the profession. And I think we have to consider that very carefully, because we are still, until the General Pharmaceutical Council comes in, the body that regulates the profession. Protected titles came in in 1852, when the Society took on that responsibility. They will leave the Society in 2010 when the GPhC comes in, and they will move to the GPhC. The current situation in relation to the pharmacist as a protected title has existed since the Medicines Act. I think what I would be looking for to change my view would be an argument that it is no longer in the public interest to continue with that protected title. I have not heard that argument. The argument has been largely about professional interest, not public interest.

H The second concern I had was about the GPhC and concerned something new. What has actually come through PRLOG and is emerging is that the GPhC has a great opportunity to look after the profession. It is not a threat. It becomes a threat if as we see it as such. I do not see that there is an issue about the GPhC. People currently registered on the practising register of the RPSGB can register with the GPhC. I think [the intention of the GPhC] is that it should represent the whole

A range of pharmacy, not just those in community, hospital or any other sector. I think it is very important that it does that. So I have not heard any arguments there to change in relation to the GPhC. There is an issue about academic pharmacists. It has been mentioned in relation to the discussion that the current position in the schools of pharmacy is that some staff are pharmacists on the practising register and some are not. When we make appointments in my own school we will always have either membership of the practising register is a central requirement, or it is desirable for other types of posts. We do that not just because people have certain functions, but if you are educating community pharmacists, then you need people to have the same professional code, handle the same ethical code and to do that process regardless of what they teach. You cannot do it across the board, but wherever you can. Nothing really changes to my mind and the commitment has not been made to change. What will happen is that those pharmacists currently on the practising register of Royal Pharmaceutical Society can join the practising register of the GPhC, and that is not the big issue for pharmacy. What is a big issue to the fifth of motions, which would actually restrict the definition of practice to only patient-facing. That would mean that academic pharmacists would not be able to join the GPhC register, which would be a major concern. And certainly in CUHOPS we have not had a meeting of CUHOPS since before the debate came up. There has been email exchange and I have not seen any head of school who has not raised concerns about that. From the point of view of academic pharmacy, nothing has been raised that I think would change the views of those in pharmacy as to the decision made before.

THE PRESIDENT: Thank you very much, Keith. David?

MR DAVID THOMSON: President, I have had the opportunity to consider the considerable volume of material around this, and respecting the controversy and emotional aspect of this as well. I have come to the conclusion after some time that it has only been reinforced by the on-going debate, and that is to continue to uphold the use of the restricted title. To me, in simple terms, it appears as a standard of practice, and any attempt to challenge or weaken that would compromise that standard. In the end, it would ultimately cause confusion amongst the public and other professionals. I think there is more to be gained by the strengthening and promoting the use of the restricted title and advancing the profession in the future. Thank you, President.

THE PRESIDENT: Thank you. Doug?

MR DOUGLAS SIMPSON: I have always been in favour of a further investigation of this matter, taking a definitive legal view, for instance, particularly on the area around enforcement. In the light of the SGM, and the obvious strength of feeling from an important sector of our members, I am still in favour of further investigation of the matter and that the Council's decision ought to be looked at again.

THE PRESIDENT: Thank you. Marcia?

MS MARCIA SAUNDERS: I made the comments I want to at the SGM. They were based on what I heard there. And in some, I think I was very saddened by the apparent reality that many eminent, articulate and committed members of the profession really did not wish to be regulated, or become subject of the GPhC. I am a great fan of pharmacy, and in my work as chair of a primary care organisation, I am very keen to see the profession continue to develop its clinical, scientific and academic roles. All the health professions are going through a period of change and there is blurring of roles between professions, and there will be blurring of roles at different parts of professions as well. It does seem to me that the motions that were passed will tend to compartmentalise different parts of the profession, and this would be very inhibiting to the future development of pharmacy, and

A that makes me very sad because I am a great fan of pharmacy.

Perhaps I could make one specific point. In the one of the speeches, and also in the additional papers we have before us, there is mention made of the use of the term 'registered pharmacist' in the United States. I spent half my life in the United States. I have no doubt that the term exists, and that that is the restricted title, but I have never ever heard it used. People know their pharmacists as pharmacists, and that is what makes people feel safe about it.

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THE PRESIDENT: Thank you. Alison?

MS ALISON MOORE: Again I was at the SGM and I listened to all the arguments at the SGM. The opinion I stated at the SGM was my view, and not an iteration of what I believed to be the Council opinion. My opinion coincides with the Council opinion. I have not heard anything that makes me want to change my views. I do not know if it is possible to flick back to our views, but the fifth bullet-point, which says we wish to continue to consider this -- and this is not necessarily a final position; it is the best-fit position as to the way we see the legal situation at the moment, and we still may want to look at this in detail at some point in the future. I think that final bullet point gives us that opportunity to do so.

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THE PRESIDENT: Thank you, Alison. Bob?

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PROFESSOR BOB MICHELL: First and foremost I think this is a matter that is 100 percent for the profession. In my mind there is only one possible departure from that, which is the public interest aspect which keeps getting wheeled out about how various solutions might create confusion in the public mind. I have said before, and I will say again, there already is confusion in the public mind. People ask for clinical advice from the pharmacist, they get it from someone who is on the pharmacy counter that is certainly not a pharmacist, and that is what needs to be put right to alleviate public confusion on the issue. So to my mind, there has to be an extremely distinctive badge for those who really are pharmacists. It should be compulsory for that badge to be worn whenever the pharmacist is dealing with the public, and perhaps in association with the creation of the new GPharmC there should be a high profile public campaign to identify that the person you are talking to is only the pharmacist if they have that badge. Because at the moment -- not, I am sure, in the best of circumstances, but I have seen it in friendly neighbourhood pharmacies, people think they are getting advice from the pharmacist but they are not.

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The only other point, which is not for me to resolve, is that you have the problem of the SGM. The SGM is a way of the membership representing their views. It is pretty clear what those views were. The probability is there were less than 150 people there. You have your own views of that, but it is a problem. SGMs are a mechanism. An SGM was held. An SGM expressed a view which was different from the Council. It is difficult.

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THE PRESIDENT: Thank you, Bob. Yvonne.

MS YVONNE LIDDEL: I was not at the SMG, but I see no reason to change my opinion. I agree with Council.

THE PRESIDENT: Thank you, Yvonne. Sue?

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MRS SUE KILBY: Right okay. I was not at the SMG. I think this is one of the examples where we are in some difficulty, because we are at the moment responsible for both the professional and the

A regulatory side. Obviously we will not be in this position for much longer. It is quite difficult, because you have one aspect where, as Bob clearly stated, an SGM was called and members did vote on the motion put forward, so we do need to consider their views. On the other hand, we are also here managing from the regulation perspective and the patient safety perspective as well. I think we are very privileged at this point in time having the title pharmacist which is restricted, and actually it does mean something, the term pharmacist. I would hate to lose that. I think there are also issues going forward around patient safety, if we no longer protect that title. Because what will the title mean in the future if it is not regulated?

B I also had concerns about motion 5, where there was an attempt to restrict who could actually be on the register. I have to declare a personal interest here, because I am not in a patient-facing role at the present point in time. However, I do feel I have a major input into patient safety, because I write and the material that goes out to other healthcare professionals and to the public as well. I also realise that if we went with the suggested motion, it would mean that virtually nobody in this building would be able to register. None of the Inspectors I guess would be able to register. A lot of people in primary care would not be able to register, and even quite a few people working in hospital would not be able to register, if they did not have the patient-facing roles. There is quite a dilemma on that, so I would have a particularly difficulty in actually supporting that motion. As Keith said, there are the academics as well.

C I have heard what will people have said. I understand where they are coming from. I am not sure what the position of the new professional body is going to be in, as far as being actually being able to manage and restrict the use of the term pharmacist within the population as a whole. So therefore on that basis, I would say, like to maintain the view of Council and carry on with that. That is my view.

THE PRESIDENT: Thank you, Sue. Alan?

D **MR ALAN KERSHAW:** Thank you, President. I just have a few sentences. The professions which have protected titles have fought for them in history and have fought for them at great cost, no doubt, for very good reasons. Protected titles are in the public interest. They are also strongly in the professional interest. Although I am not a professional, I understand that and I understand that it is not just about public safety, but about professional identity. And the strength of the feelings and passions that I heard at the SGM strongly reinforced that view, which I already had, and I think it is important that protected titles are seen in that way. I think they need to be kept simple and not have different types. I think the idea of a distinction between pharmacist and registered pharmacist I believe has no logic and no practicality about it. They need to be kept simple, and people need to know what they are getting.

E I think the principle I would adhere to in this, which I think overarches it all, is that anyone within the pharmacy family, whose role has an impact on patient safety, should be within the scope of the regulator. If you want to argue that you do not have such a role, then fine; do not be regulated. But I think if you want the privilege, you have to take the responsibility too. I think that strongly underlines, as Marcia said, the rapidly developing scope of what pharmacists are doing within healthcare in the UK.

F On the SGM I do not really see it as that difficult. It was an expression of opinion which was taken and which called upon the Council to convey certain views of the Department, which I dare say has been done. The Department will take account of those views, alongside other views, including the views of this Council, and I support that stance we originally took.

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A **THE PRESIDENT:** Thank you, Alan. John?

B **MR JOHN JOLLEY:** I also was not able to be present at the SGM, as I was chairing a European Industrial Pharmacy General Assembly on that particular day, but I must seriously question the judgment that went into the handling and preparation for the SGM, because in my opinion this could well have been avoided. The events of the SGM achieved nothing, other than to create
C dissatisfaction and question amongst the people present, of the fact of whether or not the Council are in touch with its membership, or that in fact some of the content and detail that was considered was certainly suspect. In certain of the early preparation I heard that much of the justification for adopting the various principles was to prevent the preponderance of Chinese herbalists taking up the role of the pharmacist in the high street. When I saw the number of cases that has actually been taken to our Disciplinary Committee for people posing as practising pharmacists, there were only four in the last six years, two of which were pharmacists who are either struck off or had been students who had not yet qualified. And the fourth was in fact in relation to a healthcare assistant who was wearing the pharmacist badge in a shop. This can hardly be seen to be a deliberate ploy by a large number of people outside of the profession to impose (sic) or mislead the general public.

D I agree that it is too late at this stage to try and put the record straight, because no doubt later this afternoon we will probably hear the judgment from the Department of Health as to what changes, if any, they are going to make to their original Order. However, it is not too late for Council to try and repair some of the damage that was caused by that SGM. Yes, there may only have been 150 people present, but they represented one-third of our profession. And that number is twice the number that voted in the recent election. We ignore these messages that came from the SGM at our peril, because it will be the new professional body which will suffer as a consequence. So in answer to your question, Mr President, my suggestion is yes, the professional members of this Council admit: Yes, we may well have got it wrong, we may well have got the emphasis too great on the regulatory part, but we want a new professional body that engages with all of the profession, not a small minority of that profession.

E **THE PRESIDENT:** Thank you, John. Ray?

F **MR RAY JOBLING:** I was not able to attend the SGM and I apologise for that. I do have huge respect for the distinguished members of the profession who have raised concerns on the matter of the title, but I feel becoming and being a professional is not just about precisely what you do or where you do it at any particular time, or in any given instance. It is also, as Keith has said, about who you are in a very fundamental sense and who you are therefore seen to be by the community, who have quite legitimate expectations that go beyond narrowly conceived competence. Each individual pharmacist, no matter what sphere of practice they are in, has to contribute to develop to sustain the distinctive relationship between the profession and the public. Or, say, academic and industrial pharmacists, many of whom are quite rightly enjoying elite status, to distance themselves, or to be seen to distance themselves from those who must and do accept the regulatory burden, would I think undermine pharmacy's claim to professional status. Those who claim the title
G 'pharmacist', those who represent themselves as pharmacists, those who rely upon that status in the professional conduct of their work are practising as pharmacists, I believe they should register with the GPhC and accept, and indeed welcome, regulation. I believe this should apply to those who practise in hospitals, in community settings and that wherever they are patient-facing or non-patient-facing -- those who practise in academic, industrial, communications, NHS policy and other roles all I believe really should register. In practice, they are drawing upon the public's confidence and trust which has been built up by every member of the profession, and I think they
H should adhere to the correct framework which applies to everyone. I have not heard anything in

A recent time -- although I have read the transcript and looked at the documents -- that would change my mind on this.

THE PRESIDENT: Thank you Ray. Beth?

B **MS BETH TAYLOR:** I hope it may be helpful to give a Board perspective on the issues, particularly because reference has been made to the difficulty of combining both roles that occurs on Council. As the Board represents professional pharmacist in practice, I think it is important that people understand that the Boards were entirely supportive of the position taken in Council, and in fact had helped to develop that position before it was agreed by the Council. I obviously have spoken to many practising pharmacists, both before and after the SGM. I attended the SGM and my view is that the overwhelming majority of practising pharmacists do support the position that has been taken. And indeed many have said they cannot see what the problem is. They are entirely behind the ideas that have been put forward. I personally feel that there may be some real misconceptions here that are still amazingly out there. I was at the Fellows dinner last night and I was quite astonished at the number of people who seemed to sincerely believe that it was still not going to be possible to call oneself a retired or former pharmacist. I had hoped by now that that had been understood, but it appears not to be the case. Equally importantly, many people still misunderstand the issues around CPD, where if we do not have patient-facing roles, as I do not, there really is not a problem. Your CPD is about how you practise. Both of those seem to be causing us some difficulties. I wish it were not so, but that does seem to be the case. I am confident that the Boards do support the position that has been taken by Council and therefore do not see a reason for that to change.

D **THE PRESIDENT:** Thank you, Beth. Sylvia.

E **MRS SYLVIA HIKINS:** I was at the SGM and I joined Council members in saying that I respect, and have listened carefully to, the views that came from the SMG, but I have not been changed in my opinion. The first thing I would like to say is that there was a recent letters in PJ -- and I normally ignore certain letters in PJ -- but it did suggest that Council members were subjected to some kind of gagging order. I really want to put on record that every member around this table was completely free, as they are today, to express whatever opinions they wish to hold, and that we did. So I would like to put on record there was no such thing as a gagging order regarding people, either around the Council when the decision was made, or in the opinions expressed in the SGM. But what I and every member of this Council must do, until such time as we are dissolved, is act as regulator and professional voice. Inevitably the two roles do not always sit comfortably together.

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H What must drive decision making, in my view, is the interest of the patient, which is why I was completely comfortable in signing the on-line petition regarding criminal offence, because it is in the interests of the patient that pharmacists are encouraged to be open about their mistakes and learn from them. But the proposition regarding the title 'pharmacist' is more difficult to go along with. If we take, for example, the title of doctor, anyone can call themselves a doctor. The title is not restricted. (For example, Dr Scholl's shoes). On the General Medical Council register you are registered as a medical practitioner, regulated by the GMC, subject to ongoing standardised assessment to ensure fitness to practise. When you retire from the GMC's register, you can call yourself "retired medical practitioner" or you could, and I could, call [yourself] a doctor. And of course, you or I could be Dr Scholl. The proposal is that pharmacy adopts the same structure. Thus, if you are on the GPhC register you are a registered pharmacist. If you are not, but have a pharmacy degree, you can join the professional body and call yourself a pharmacist.

A Firstly, being a pharmacist is not being the member of a postgraduate club. The Oxford Dictionary definition of pharmacy is “one who practises pharmacy”, (i. e. a pharmacist). You cannot protect degree titles. It is the practice you are protecting. So should this change take place, it is hard to see how the law could protect me from setting myself up as a wholefood pharmacist, providing I only trade in food and not prescription-only medicines, in the same way that Dr Scholl traded in shoes and not antibiotics. I think this is an important point from the point of view of the interests of the patient.

B The result of all this could well lead to confusion on the part of the public, pharmacists, registered pharmacists, retired registered pharmacists, pharmaceutical chemists, and so on, instead of the straightforward situation we now have: pharmacists -- a title which the public knows, recognises and trusts. So I cannot go along with the motions passed at the SGM. It was an important event, of course, but it was called by a relatively small number of people. As the day wore on, the number of people voting reduced. And I have to say there were very few -- although there were some -- younger voices of the profession represented. I also note that in the President’s big file there are lots of other statements from academics and representative delegates -- particularly of the National

C Board. So I continue to support the position made by the Council.

THE PRESIDENT: Thank you Sylvia. John?

MR JOHN GENTLE: I think one of the things I do not think we as Council members -- I did not see it before the SGM -- was the legal opinion that was sought. And the problem with legal opinion is that the Government has got one as well, and it is probably different to the one that the action

D group have seen. For me, the issue about the restricted title, one of the important aspects is about enforcement. It will be interesting to see if Keith Ridge is asked a question tonight, when he is here for the question and answer session, what the Government feels about the GPhC restricting more than one title, and restricting a title essentially on behalf of the profession, rather than on behalf of the public, which it is what its main role is.

E The President mentioned the file, and what he did not say -- because it is not strictly speaking in there, but it is relevant -- are the hundreds and thousands of postings on email notice board sites that the profession subscribe to -- Private RX being one -- that I frequent, and there were gigabytes (I think is the technical term) of information and things going on here. One of them -- and I mention it briefly -- from a chap called Karol Pazik, who is managing director of Mandeville Medicines, which is a specialist manufacturing company, so he is not patient-facing, but he certainly has an effect on patient safety. His argument was about the relationship between the GPhC and the profession as professionals, and it was mentioned by Keith and Ray earlier. What he is concerned

F about -- and several people agreed with him and take the line -- is that the profession is being over-regulated and professionalism is being regulated out of it. He is concerned about the profession capitulating and surrendering its professional status to a regulator. Now he is not against the regulator, but he has large concerns about how people will act professionally in the future, which is beneficial for patients. More professionals are being reined in, and arguably being frightened by various events that have happened elsewhere and sustained within the rules, standard operating procedures being an example. There are concerns about how professionals will argue in the future

G and I think the relationship between professional actions by professional pharmacists and the relationship between the GPhC and how it is policed is more important than the name, which is very important to some people in this debate, but to others is not important at all. A rose by any other name, kind of attitude. To some people, it does not matter what we are called. It is how we are regulated that counts. So my concern would be around the future professionalism and the relationship within the GPhC, rather than anything specific at the SGM.

H **THE PRESIDENT:** Thank you, John. Catherine?

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DR CATHERINE DUGGAN: Thank you, President. I attended the SGM and indeed spoke. I think what was evident on that day was that everyone in the room was on the same page with regard to the importance of being a pharmacist to the people in our profession. Being a professional is a privilege. We have also the additional privilege, if you like, of a protected title, which has been said before. It is there for patient safety, not professional privilege. However, it is a privilege to have our title because it allows us to practise pharmacy with the known credibility and within a code of ethics that the public can trust. Therefore that title is a privilege to us as well.

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I understood some of the arguments that came out of the SGM, that we could have two titles. We could have registered pharmacist with the GPhC and pharmacist for the professional title. However, in order to have any title with anyone, you have to have some way of enforcing that title, or checking that others are not using that title in vain, which would put the professional body in a strange position. We have just responded -- it has taken us two years to respond so far, and we have another year yet -- to the demerger issues that have been raised by Trust, Assurance and Safety, and the Royal Pharmaceutical Society is seeking to emerge as the professional leadership body, with others in our profession, without the burden of regulation that it has had in the past. If a title is to be lodged with the professional body, that will incur further burden of regulation.

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I understand titles are important, but I think that this is a way of unifying all of us who practise pharmacy, rather than thinking some of us are patient-facing, and some of us are others-facing. All of us are about patient safety; whether that is about drug discovery, drug delivery or indeed how patients choose their medicines on a face-to-face basis. So despite further scrutiny following the SGM, I do not see any further evidence to change my opinion, which just happens to be the opinion of Council.

THE PRESIDENT: Thank you, Catherine. Dorothy?

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MRS DOROTHY DRURY: Thank you, President. The position appears to be the same, that the easiest and simplest term which should be used is 'pharmacist', and this puts us in line with the other restricted titles. This then protects both the public and the profession. This has also been reinforced by the hospital pharmacist response notice in the recent PJ. The term retired pharmacist is self-explanatory and causes no confusion to the public, so I support the original Council decision.

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THE PRESIDENT: Thank you, Dorothy. Brian?

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DR BRIAN CURWAIN: I had better start briefly by just reminding those who do not know me who are here of my rather eclectic background, in that I have spent half my working life (20 years), either as an academic in the University of London, or in the pharmaceutical industry. I have spent a decade as a community pharmacist, and for the last 10 years I have held senior pharmaceutical positions in primary and now community care organisations within the NHS. I have no reason to change my mind, given the arguments that I have listened carefully to. But what has happened is that I have at least understood a little bit more about what has caused these arguments to come about, and why people hold the views they do. I think it is important always that we understand that.

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It seems to me there are two major strands to this disquiet. One is that the General Pharmaceutical Council will not understand pharmacists in non-standard roles, and therefore be incapable of regulating them. And the second is that pharmacists, for example in industry and academia, are subject to adequate regulation within their own spheres of work. Dealing with both of those two points, I have had several offline conversations with senior regulatory staff here and around the

A people like me who practise in funny ways, (let us put it that way). And my sense is that yes, actually the General Pharmaceutical Council will understand those of us and will regulate us appropriately and accordingly and will see how to do it. So I am happy with that. The last thing I would want as a pharmacist is a regulator who only understands what I would describe as the traditional roles of pharmacist. Because actually that would hold pharmacy and the development of pharmacy back far more than almost anything else I can imagine. So that really is a key point. As far as pharmacists in other spheres being, as it were, subject to adequate regulation, I think there is a bit of confusion here. Nobody doubts that those people in academia and so on and within the industry do CPD to keep themselves fit for the work they do -- they have to, otherwise they would be out of a job, and that is fine. But that is not the same as professional regulation, where if you behave in an unethical way, you can have your title taken away, and I think that is really key. So I stick with the view of Council, which I believe is right. Thank you, President.

THE PRESIDENT: Thank you Brian. David?

MR DAVID CARTER: I recognise that the future use of the restricted title has been a very sensitive subject within the profession, and has caused a lot of upset and debate. But I believe that the restricted title brings benefit to the profession and the public, protecting the public and the integrity of the profession. We made a difficult decision. I think we made the correct decision. We must keep the public's confidence in the profession and avoid confusion. I have seen no new evidence to change my mind and I am sticking with the Council position. Thank you, President.

THE PRESIDENT: Thank you, David. Catherine?

MRS CATHERINE BROWNE: The title pharmacist is a benefit to us. Obviously it is there to protect the safety of the public, but to us it is special to be called a pharmacist. And because we get that massive benefit, we also have a responsibility to be regulated. I understand the people who say, "I am regulated through my work by the MHRA. I am regulated through my work, because I teach at a pharmacy school." But being a pharmacist means that you are a pharmacist all the time. You are a pharmacist when you are driving home from work slightly too fast. You are a pharmacist when you are driving home from work, having had a drink. I don't know anyone who does that! But all the time you are a pharmacist and all the time you have that responsibility to come under the regulation of the new regulator.

My understanding of the arguments put forward by Dr Rees and others is that basically they stand or fall on whether registered pharmacist is an acceptable title for the GPhC to protect. I do not accept that registered pharmacist is a valid protected title, so I have not changed my mind from our original decision.

THE PRESIDENT: Thank you. Nick?

PROFESSOR NICK BARBER: I attended the SGM. At the SGM it was plain that the motions put forward supported academics, in that they wanted them -- or that was my memory of it -- and that is just not the case, in my experience. John, I do not know where you get this third of members from.

MR JOHN JOLLEY: I will explain it to you afterwards.

PROFESSOR NICK BARBER: Yes, the timing is good. I represent the leaders in academic pharmacy practice. I chair the group which has all the heads of practice, and the leaders in practice

A and all the schools of pharmacy in the UK. And my colleague, Anthony Smith, chairs the CUHOPS, the heads of schools. Both of us consulted by email all our members before the AGM, and not one member supported the SGM. So I do not see that there is anything wrong with the Society's guidance from the academic perspective. I heard no new arguments of merit at the SGM, so I support the Council's position.

B **THE PRESIDENT:** Thank you. Margaret?

B **MRS MARGARET ALLEN:** Just to say firstly, unfortunately I did not attend the SGM due to a family bereavement, otherwise I would have attended. However, I have read all the manuscripts in detail and around that as well. I have spent a considerable amount of time talking to other pharmacists, academic pharmacists, practising pharmacists, through branch meetings and educational meetings. I also sit on the Welsh Board and obviously have discussed around the table with the Welsh Board. Listening to my colleagues and some of the comments they have made around the Council, I am not going to reiterate some of the statements they made, which I wholly agree with. Therefore, taking all that evidence together, I would say that I still endorse the Council's decision as it stands.

C **THE PRESIDENT:** Thank you. Gerald?

D **MR GERALD ALEXANDER:** Looking on the screen, it just talks about new information. Was there any new information presented at the SGM? Was there any information we had not discussed prior to the SGM in Council? I do not think there was. I think we had been through all the scenarios that had been presented in relation to registered pharmacist versus pharmacist. As a member of the Section 60 Working Group that Seema was chair of, we looked at the titles and we looked at it in great detail. From a regulatory point of view, as a member of Council, the title is conferred and it protects the public. It safeguards the public; the current title, or the one we use at the moment, pharmacist. But there are a number of other titles: pharmaceutical chemist, pharmacist. I am a little concerned about the demise of those titles, as others could end up using those in the future. So that is new, in a way, because that is not going to go into the order. I do not think I would like to see others in the future using the protected titles that currently exist. That would possibly confuse the public in the future. We do not want to see public confusion, but we want the public safeguarded from others who may seek to use protected titles. And those protected titles are a privilege, and those colleagues here have mentioned that already.

E I am empathetic to the concerns of members who attended the SGM, which I did not attend unfortunately. I am not really sure how representative that group were, but they made their representations with great passion, and the conclusions of the SGM I suppose in themselves are new, in that perhaps they were asking this Council, the President and officers. And I do not know, President, to this date the discussions you have had with the Department of Health over the outcomes of the SGM. So from a membership point of view, I would hope that those concerns that were raised at the SGM have been passed on to the Department of Health, and I think that is entirely right.

F Whether we agree with the outcomes of the SGM is another matter. If the title pharmacist, or whatever the other titles would be -- pharmacist, pharmaceutical chemist -- but we will stick with those in the Section 60 order, confers a safeguard to the public, because the public understand a simple title, because the idea is that a pharmacist is a person who deals with the public, and therefore in these circumstances, they feel they are getting proper advice from a licensed practitioner. So in effect, the fact that you are on the register and you have a licence to practise enables you to give proper advice to the public.

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- A The issue of CPD is an area which concerns me. Those who would not be registered would not be demonstrating an ability to keep up, and therefore in effect they would be exempt from that demonstration. That would be a concern. Because in any circumstances away from the public, and the advice we give to the public, it would be difficult, because individuals may not have professional indemnity. They may not be able to justify any remarks that they might make to the public. I fully understand why these motions were put, but I think what is required is the protection of the public, and the officers made a reasonable recommendation to the Council some time back to suggest that
- B the General Pharmaceutical Council keep a non-practising register. Whether they do or do not is not in our gift. We have made the necessary representations to the Department of Health. I went to some of the consultation events the Department of Health ran. I went to the one in Leeds. I got a very clear message from some of the civil servants who were present at the Leeds event that the use of the title pharmacist should be restricted to those who actually practise. And the demonstration to practise is part of your fitness to practise and the CPD that will come with that.
- C The idea of a retired pharmacist, there was no idea or mention that they would ever consider prosecuting an individual who referred to themselves as a retired pharmacist. So perhaps when I retire one of these days, I will refer to myself as a retired pharmacist. And presumably if somebody asks me for advice, I will suggest that they go to a pharmacist who is currently licensed to practise, to a pharmacy to seek their advice. But what really concerns me is that there are pharmacists in industrial and academic settings who perhaps feel they should be exempt from the regulatory control of the General Pharmaceutical Council. I would have thought it was beneficial to all pharmacists
- D who work in any sphere of practice to keep up their knowledge, in order to demonstrate that knowledge in their work. If they are working -- and I can see no reason why they should be exempt from CPD, and therefore why shouldn't they be on the register; why shouldn't they stay registered? If they do not continue being registered, I can understand that. But the issue there turns on the fact that they still wish to refer to themselves as pharmacists, and I understand that, because perhaps they have earned the right to be called a pharmacist for many many years, and all of a sudden they cannot call themselves a pharmacist. The question is: are their concerns more important than the concerns
- E of the public and the way that we regulate our profession and protect the title? So on balance, I agree with the position of Council, though I do feel empathetic to those concerns.

THE PRESIDENT: Thank you. Seema?

- F **MS SEEMA AGHA:** Can I thank you for the excellent opening and setting out the before the meeting the volume of representations that went into informing Council policy, and the subsequent submission to the Department of Health, on behalf of the Section 60 group, which I had the privilege to chair, wearing the regulatory hat. I would like to advise the meeting that I am a practising solicitor and a member of a regulated profession, so I understand what the daily burden of regulation is as a practitioner. I did attend the SGM and listened carefully to submissions made by eminent members of the pharmacy profession, and I do have the highest regard for pharmacists as a patient. I have, however, heard nothing new or anything from the SGM that provided a patient perspective, and what they would understand by the title retired pharmacist. The research I referred to by the
- G Health Professions Council in 2000 told us that patients only understand simple titles. We also need to remind ourselves that the public have lost confidence in professionally-led regulation, which has led to a separation of leadership and professional functions. The duty of a pharmacist is to its patients and therefore the right to practise goes hand in hand to be accountable and be regulated in an open and transparent manner. Therefore nothing in what I have heard since our submissions has persuaded me to change my mind.

- H **THE PRESIDENT:** Thank you, Seema. Steve?

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MR STEVEN ACRES: I too, like Gerald and Seema, was on the original working group. I have been to all the Council discussions and I was at the SGM where indeed I spoke. I have talked to many individuals. Recently I have been to three branches. Last weekend I was at a conference where I met many pharmacists. I have not heard one single pharmacist who has not supported Council view. I have not heard any evidence that would cause me to change my mind from my current position, and therefore I continue to support the Council position.

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THE PRESIDENT: Thank you, Steve. Andrew?

THE TREASURER: I am pleased to see so many eminent pharmacists here this afternoon and I welcome them. I was unable go to the SMG, but I have done due diligence which makes me feel comfortable to give an opinion today on my position. I am a pharmacist and will always consider myself a pharmacist. I anticipate that well after I retire I will continue to call myself a pharmacist, and I do not anticipate any regulator preventing me from doing so.

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The Society has enforced and protected the title for many decades and as has been said earlier, in that time not a single retired pharmacist has been prosecuted for calling themselves a pharmacist, as long as they are not attempting to practise. It has been very effective in stopping non-pharmacists from abusing this title, or seeing the potential to abuse this title. I think my position is clearly the same as last time. I think there needs to be no change in the position at the moment, but just a reinformation by PRLOG and the future GPhC that the retired pharmacists who call themselves pharmacists in the future would not be subject to any prosecution. Thank you.

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THE VICE-PRESIDENT: I was at the SGM. I see the SGM as a vital part of the democracy of the professional body. At the SGM there were some UK-renowned pharmacists. There were also some world-renowned pharmacists present. Following on from the SGM Council were fully informed as to what were the next steps forward, and we sent off immediately the results of the SGM along to the Department of Health. We spoke to Council and got agreement that we would speak and discuss here at the SGM, which is normally reserved for very few items, which was the first available time, and we have now all gathered together. My personal fear is that some very sensible solutions that have been suggested by distinguished colleagues may be taken piecemeal, and unfortunately if those are taken piecemeal then that does mean we could risk abuse of the actual title. It is vital that abuse does not take place. It is vital for the public, it is vital for the pharmacists and it is vital for retired pharmacists. I believe therefore that the Council's position is the only actual practical and acceptable position that we can go forward with. I also support what Alison said, that we have to look in the future to keep an eye on the developments in the future and how things may change in the future.

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THE PRESIDENT: Could I ask Marc and Alistair whether they wish to say anything on behalf of the Welsh and Scottish Boards?

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MR MARC DONOVAN: On behalf of the Welsh Board, we were given the opportunity to consider our response to the initial consultations, which we did by listening directly to members and roadshows. It was a process that we felt was very robust and we were able to feed into the National Pharmacy Board's response and Council's response and we were very happy with that. Recently we have had an opportunity to revisit that with the wider Pharmacy Board and to reconsider the position post-SGM and all the articles, letters and correspondence in the PJ, and the Welsh Pharmacy Board is not minded to change its position as originally articulated.

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A **MR ALISTAIR** : Personally I have various and numerous discussions with pharmacists in Scotland in a number of forums. To a man and woman, I would say there is support for the Council's position in this matter. I attended the SGM. I do very much respect the eminent parties that put their cases. I think they were put very well. I think in this position there is nothing material that would change the Council's position.

B **THE PRESIDENT:** Thank you, Alistair. Before I make my view on this, I would like to invite any of the observers to make any comments that they would like to make at this stage.

DR JOHN REES: Thank you, President. I was planning not to add significantly to the information overload you referred to earlier. But quite frankly, having listened very closely to the comments, I will speak a little bit longer than I had intended, if you do not mind. I will comment briefly on the issue of the Special General Meeting.

C Considering the low 15 percent poll in the Council election -- and I think John Jolley referred to this -- the turnout for the SGM was quite considerable. When you look at the majority votes on the motions, I think it is something that needs to be taken account of very carefully. We know, for example, that many who would have wished to attend were not able to do so because of business commitments. Many were overseas and of course there were family commitments. A member of Council over there -- I could not see your name -- referred to the fact that on the day the numbers dropped towards the end of the day. I do not think that is reflected in the voting on the last motion, to be perfectly frank. The numbers did decrease. Many came long distances, at their own expense, and they had to get back early in the day. But let us recognise that. I think the turnout was quite good. If you compare it with several recent SGMs, there were a lot more people there than at other SGMs.

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E Two of the candidates in the recent Council election, Tristan Learoyd and Valerie Turner, supported the issues that were raised at the SGM and were elected. I think that is quite telling. The SGM motions addressed issues that concern about a third of the Society's members. Nick, that is the case and John Jolley has offered to fill you in on that, if you do require further information. They include overseas pharmacists - British pharmacists overseas - industrialists, academics and non-practising members. They all have a keen interest in Council's deliberations today. The issues affect large numbers of highly respected and influential members, working pharmacists. It is totally misleading, Dorothy, to focus only on retired members.

F Our legal and other proposals have been sent to the Secretary of State and the ministers at the DoH. They have been sent to the Chief Pharmaceutical Officers and the Welsh Pharmaceutical Adviser and to Ken Jarrold at PRLOG and to Harry Caton at CHRE.

G Council members have received our paper. I am very disappointed to see that you have not, or at least that we clearly have not, corrected a number of serious misconceptions that were raised by a number of you at the Special General Meeting.

The key points are these. The title will continue to be restricted and protected against abuse. Alan Kershaw, please note. Sue Kilby, please note.

H Registered pharmacist versus pharmacist. The public will still know their pharmacist, their registered pharmacist. In hospital, community, they will know that person as their pharmacist. They will not be confused. Do not forget the Society's recent diktat that if the public needs to be sure, it needs to check that the pharmacist is a registered pharmacist. Catherine and others please, note that.

A But it will be pharmacist that will be the title by which the public knows their pharmacist. It will not be confusing in the least.

Our proposed legal solution means that the new professional body would not retain an enforcement role. Catherine Duggan, you clearly have not grasped that.

B The public is at risk if one third of the profession body loses its title. Many of those people represent their profession, our profession, and the British public on the world stage. They are influential. Some of you have noted that. They are senior players in the field of pharmacy on the world stage. So Keith, please note that.

C There will be a downside. If those pharmacists lose the title, what are they to call themselves? Remind me. Former pharmacists? That is ludicrous. Our new definition of practice reflects the priorities in the White Paper. The definition is broad enough to cover those at the coal-face dealing with patients, and also those who establish and implement policy for patient services. There has been a lot of mention about pharmacists in industry not being regulated. Rubbish. They are fully regulated. So Marcia, Alan Kershaw, Ray Jobling, Brian Curwain, please take note of that. Those who question the matter of CPD, can I refer you please to the paper we have provided for this meeting.

D Unless this Order is amended to embrace the SGM points Britain will be out of line with the States and with Europe. Tell me, is the British public more gullible, and for some reason at greater risk, than people in other western countries? I think it was Marcia who was speaking of her knowledge of the States who confirmed, no. We are going to be out of line with the States, and in the States there is no problem.

E Finally, Council may feel that its voice is unimportant at this stage. I know it is a very late stage in the consultation. We are fully aware of that. We are doing all we can to influence the powers that be. We could not disagree with you more, if you think your view is unimportant at this stage. Your voice will represent the voice of the whole profession of pharmacy in this country. That will be in support, I hope, of one-third of the membership, and voicing that is vital. I do not have much confidence, having heard the comments around the table, but least what I have said will hopefully call you to pause in your tracks before you reach a decision. Thank you, Chairman.

F **THE PRESIDENT:** Thank you, John. I refer Council to the paper that John and colleagues presented to us before the meeting which contains many, but not all, of the points John has just made to us.

G If Council would let me stress my view. I purposefully left it until the last so as not to influence unduly anybody around the table. Throughout this debate I have always made my position on this issue very clear, and I am grateful for the opportunity of doing so again today. I am in complete agreement with the vast majority of members of this Council, in that I unreservedly support the position that we reached in March, but why do I consider this to be the right decision? Well, if I am honest I think that what is being proposed by our colleagues is both undesirable in principle and unachievable in practice. It is certainly not in the public interest, if a situation is created where anyone is placed in a position where they feel the need to have to question the difference between someone calling themselves a pharmacist, and someone else calling themselves a registered pharmacist or a pharmacist practitioner. In some cases there may well be absolutely no difference between these two individuals. In other cases, there will be a very profound difference; the significance of which will only grow in time as someone who is not registered with the regulator, and

A therefore not considered fit to practise. It becomes progressively more distanced as the professional and statutory responsibility for continuous professional development moves towards a revalidation model to signal competence to practise. Of course, it is right that we should recognise and value all of our members, practising or non-practising, and I have heard no-one in this entire debate suggest otherwise. But what is being suggested here is clearly not in the best interests of the 39,672 (as at close of play last night) members who are currently on the practising register; those who are diligently keeping themselves up to date and competent to practise; those, in my view, who are the most deserving of the entitlement to refer to themselves as pharmacists. I think these are the members who should be uppermost in our minds in this debate; the silent majority who are quite evidently not exercised by these issues, and who are rightly far more interested in going about their day-to-day work, getting on with their lives and caring for those who are dependent upon them for the quality of theirs. The vast majority of members are perfectly content to put their trust in those that have been elected to the National Pharmacy Boards and on this Council to make the right decisions on their behalf. It is sometimes necessary I think and instructive that we should remind ourselves of this.

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E On a practical level, the proposals being advanced are, to my mind at least, unworkable. To expect the General Pharmaceutical Council, the Department of Health, the Director of Public Prosecutions or any other body for that matter to utilise their resources to bring prosecutions against those who are not registered under statute for inappropriately using a title which in some way is associated with a voluntary membership organisation is simply unrealistic. To have a situation where the title of pharmacist is not exclusively restricted to those on the register is tantamount to total unrestricted use. In this circumstance, the word pharmacist would simply be relegated to a word in the dictionary, with an equivalence to any other of the estimated half a million words in the English language, and with it the effective right to be used by anyone who had a desire to describe themselves as such. When Council last debated these issues in March, it was explicitly acknowledged that those long-serving members who had made a significant and often distinguished contribution to the profession over many years should be recognised for this. It will clearly be desirable for them, on leaving the register, to proudly be able to retain the descriptor of pharmacist, but for this to be placed in the context of their retirement from, or former inclusion in, the register. This was purposefully included in Council's submission to a consultation, and indeed has been publicly acknowledged as acceptable by the Department of Health.

F Finally, I understand that some are concerned about the widening of the definition of a pharmacist; primarily those who do not see the need to register with the new regulator to undertake their work. It is interesting to me to note that many of those expressing this view nevertheless wish to benefit from continuing to unlawfully describe themselves as pharmacists. In my view, modern and progressive regulation must surely recognise the need to place public interest and protection at the forefront of any consideration, and to suggest that it is only those in patient-facing roles who should be subject to such regulation and the responsibilities and privileges which come with this is frankly outdated and serves only to confirm a misunderstanding of what the modern regulation is about.

G So for all reasons, and indeed for the record, I would like to confirm that my position remains unchanged from the policy which Council agreed in March. So with that, colleagues, could I ask the question? With due regard to the debate since March, and after further consideration today, is Council content that its position detailed in the Society's submission in response to the Draft Pharmacy Order consultation should remain unchanged? (**Agreed**) Thank you very much. Council.

H **MR DOUGLAS SIMPSON:** I vote against.

A **THE PRESIDENT:** One dissent here from Doug. You want a vote? Okay. All those in favour of not changing the position that we arrived at in March, please show. All those who would wish to change the position we arrived at in March? Any abstentions? **(None) (Vote taken: carried)**

B **PROFESSOR BOB MICHELL:** I wanted to comment on something Seema said, which is not germane to the vote that we have had. Of course she is right when she says that the public is disenchanted with what used to be called self-regulation, not least for the reasons barely 400 yards from here. However, the driving force for changes in healthcare regulation, of course is the backwash from Shipman. And there the facts are not those that we might expect. Because if you look -- and I have to check to be a hundred percent -- I think in the introduction to Liam Donaldson's report, you will find the Department of Health commissioned research concerning public confidence in the regulation of the medical profession. And you would have bet your bottom dollar that it would come out as a severe collapse of confidence, but it did not. So the idea that all this is driven by a public appetite is perhaps something the Department of Health would have liked to be able to say; that their own research suggests something different. That does not mean that regulation should not be reformed, but we should not join in reinforcing the misconception that the drive of this is from the public; it is not.

4. Appointments, nominations and awards for Medical Education England.

D **THE PRESIDENT:** We will move to the next item. Item 4, paper 43, appointments, nominations and awards for Medical Education England.

E **THE CHIEF EXECUTIVE AND REGISTRAR:** This relates to Council's agreement that Professor Nick Barber should be appointed for Medical Education England. Council will recall that at the time this was discussed, two names were put forward for consideration. Council accepted both those names, with a preference for Nick, because of his membership of Council. It has been asked whether there would be a deputy in any incident when Nick is not able to attend a meeting of Medical Education England. It is therefore recommended that the second name, which was Professor Soria Dhillon be seconded as deputy to Medical Education England. Is that agreed? **(Agreed)**

5. Order of business for the Annual General Meeting.

F This is paper 44. Council is asked simply to receive the order and note the arrangements for this evening's Annual General Meeting. Is Council agreed to receive this order of business? **(Agreed)**

6. Any other business.

We have one paper, paper 46, which we have transferred into confidential business. Some may not have the paper.

G Now we move to item 7, which is some farewells to people on Council. Colleagues, it is my pleasure to say a few words of thanks to our retiring friends. As I do so, I am acutely conscious that my words will simply not do justice to the contribution that any one of these people have made to Council and to the work of the Society over many years -- they have dedicated themselves to its work and development -- but I will say these words anyway.

H The first upon my list is Brian. Brian was elected to Council in May 2006 and, following a period as Deputy Chair of the Science Committee, was appointed Chairman in May last year. During his year

A as Science Chairman he has been instrumental in prioritising the work of the Committee and focusing its collective mind on the future professional leadership body by engaging with many colleagues, both in industry and academia, to understand what they are anticipating the new body will provide to support its members in advance of the profession's science agenda. In both his Council and Committee work, Brian has always brought his experience from the various branches of pharmacy in which he has worked to the fore. Throughout the time I have been fortunate enough to have known Brian he has always very ably demonstrated his commitment to the profession and to the science and research agenda in particular. In fact, I would go as far as to say that this has become a passion for him, and that is a word I do not use lightly. Brian is well-regarded as an intelligent and kind person, who is always willing to put himself out. Requests as far and wide as being a last minute stand-in to provide a branch talk, to providing comment and valued feedback to impossible deadlines, have always been met with a quiet dedication, genuine helpfulness and an unselfish approach which has become synonymous with Brian. He will be much missed by his colleagues on Council and staff, who have had the opportunity to work with him. I was going to suggest that he might now have more time for sailing his yacht, but as a member of the English Pharmacy Boards, in his own right, he will still be around, and no doubt working industriously behind the scenes in the run-up to the launch of the new professional body.

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D On a personal note, Brian, it has been a pleasure having you on board and working with you. You are a credit to Council, more importantly a credit to this Council, but more importantly you are a credit to the profession and yourself. I am sorry personally that you will not be as closely involved with our work over the next nine months as I would have wanted, but I am quite sure that we can all rely on your continued contributions and support during this case time. Thank you Brian and bon voyage. (**Applause**)

E **DR BRIAN CURWAIN:** Thank you Steve very much for those kind comments. Thank you, Council colleagues, for the round of applause. I appreciate it. I will say a few things. I have, ever since I came here three years ago, profoundly appreciated the support and the friendship that I have received on this Council from the members on it, who helped me as a rookie. I still consider myself a bit of a new boy, I have to say (although in other respects, as you know, I am quite an old boy!) I have been profoundly delighted by the support that staff here in Lambeth have provided to me as a Council member and to the Council as a whole. They work their socks off in a way that I did not begin to understand before I came into this building, and I would like that to be recorded. I congratulate the new members who have been elected to the Council. You are all skilful, able people and you will do a fine work and have the support of the profession and the support of me. Well done.

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G Finally, I am going to do something which I almost never do, and that is to mention the word leadership. I do not do it, specifically because mostly the people who do it most commonly seem to know the least about it. So I enter this field with a lot of trepidation. What it is, of course, is that it is not about knowing what everybody wants. It is about knowing perhaps what everybody needs. It is about articulating a vision for the future, and being able to see the bigger picture, appreciate the views of others, to be articulate -- if you possibly can (and I find that very difficult), to be charismatic, and above all to act at all times with honesty, integrity and hard work. I have absolutely no doubt that the new Council going forward for the next year will do that, and I wish you all very well. Thank you. (**Applause**)

H **THE PRESIDENT:** The next on the list is Andrew, our Treasurer. I have to say that I knew I could wholeheartedly rely on Andrew's fine sense of judgment when he offered to propose me as President last year. (**Laughter**) Seriously, Andrew has been a friend and a very supportive colleague over the

A last year. As Treasurer he has had to make some very tough decisions and I personally applaud him for the fair and conscientious manner in which he has committed himself to the task in hand; always cognisant of the need to balance sound financial decisions with respect for members and a need to bring them with him.

B Andrew has dealt with some difficult issues, including large fee increases, reserves policies and pension deficits. Throughout his tenure he has always dealt with difficult messages in a very coherent and considered way. And whoever follows in his footsteps as Treasurer will have a lot to live up to.

Andrew has also of course chaired RMC for two years, where he has brought a degree of professionalism to the role, which has been appreciated by all the members of the Committee, and particularly by the staff, who have appreciated the close working relationship and his support.

C When Andrew took on this responsibility he said that he wanted an open and cooperative style of working, and he has certainly delivered on that. I am sure we have all appreciated Andrew's collaborative, challenging and supportive approach. I know that personally I have found Andrew to be totally committed to his role and to the profession. He has the valued skill to blend incisiveness and integrity, and to be successful in whatever he sets out to achieve, with a style that benefits greatly from his quiet persuasion and his very effective use of humour.

D Andrew, whatever the future holds for you, may you always look back on your years of service to this organisation with pride. It has been a pleasure to work alongside you, and I will forever be grateful for your support and wise counsel. I am sure that everyone thanks you for your support and friendship.

(Applause)

E **THE TREASURER:** Thank you. I will always look back with a sense of pride to have been here for the last three years. It has been a great honour and a privilege to have served our members as their representative. It has always been a great honour to have been Treasurer for the last two years. I was going to say quite a lot, but I am not going to say much, because I will make most of my thank you's on a personal basis. But I would like to thank you all, colleagues, for your supportive confidence, especially over the last two years as Treasurer.

F I would also like to thank the Executive and all the staff. I would say they are particularly characterised by their professionalism, dedication and great talent. If I had to say what my biggest achievement was over the last three years it is that I regard myself as part of the finance team, and we work as an effective unit. We have great respect for each other. We know each other's role and we never forget to reference what we do to the membership. It has been great working with you all, with my colleagues within finance and right the way through the staff. Thank you very much for your kind words, Steve.

G **THE PRESIDENT:** Turning to Doug, last but certainly not least. Doug joined the Society's Council after 34 years, give or take a year I think, working on the Pharmaceutical Journal. Joining in 1965 as a sub-editor, Doug went on to become editor in 1987 and in 1996 was also appointed Editorial Director of PJ Publications. During this time he launched several publications and the Pharmaceutical Care Awards launched in 1992, in association with Glaxo Pharmaceuticals, as a means of recognising innovation in pharmacy practice, was Doug's idea.

H Doug worked for the Society for almost all of his working life, and on retirement could have opted for the cocoa and slippers, but no. Doug characteristically looked for the next challenge and found

A this by standing for Council in the middle of most acrimonious row in decades, and did so for the sake of a principle. The rest is history, and as we all know his service as a member of staff, plus the six years he has been on Council, makes him our longest serving colleague. What a fantastic achievement by anyone's standards.

B Doug received the Charter Gold Medal in 2005 which is awarded to recognise outstanding services by a members to the Society, or generally promoting the interests of pharmacy – a very deserving recipient indeed.

C Doug was Chairman of Law and Ethics Committee for two years, a period that covered the review of the Code of Ethics. Doug was seen by the Committee as a very fair and supportive Chairman, and I know from what people have told me that the Committee were extremely grateful to him for the way in which he led them through some very difficult debates, and that he is remembered as a strong and caring leader and Chairman.

D From my own experience, I know that Doug is characteristically enthusiastic and vocal about matters that matter, both to himself and to the wider membership. He cares passionately for our profession and for the future of our professional leadership body. And time and time again, I have been impressed with his trademark manner of combining serious points with the humour that makes them land with the impact they deserve.

E I know from speaking to people, Doug, that you are very much appreciated by many colleagues in this building, as much for your personal support for them and what they are committed to achieving on behalf of the profession, as for his brilliant eye for detail when checking the papers and minutes for grammar and spelling, which I am sure stems from his journalistic background.

F People speak of Doug with respect and affection – a fitting tribute to a man who has dedicated his life to this profession. Doug, you are a constant, valuable and (some would say with humour and well-meaning) a living reminder of the history of the Society! I am quite sure that you will remain active in the world of pharmacy. I respect and understand your decision to retire from Council at this stage.

G I would like to thank you sincerely on behalf all your colleagues and friends throughout pharmacy for your dedication over many years for outstanding service. You have made a truly fantastic and much appreciated contribution to the lives of thousands of members and their patients. I am sure that we all wish you good health and happiness as you move on to pastures new. Thank you, Doug. **(Applause)**

H **MR DOUGLAS SIMPSON:** Thank you for indulging me, but I would like to say a few words. Thank you very much for that tribute. I had no idea I was such a good chap really. **(Laughter)** I am afraid there are not a lot of laughs at the moment.

I I worked for the Society for 34 years on the Pharmaceutical Journal. I served six years on the Council. That is 40 years in all. When I joined the Society in 1965 there was a Mr Wilmshurst in the Finance Department, and he was heading for 40 years on the staff, and I now seem to emulate him. Indeed, long servers are a feature of the Society staff, particularly on the publications side – perhaps less so in other areas.

J I served a long apprenticeship on the Society staff before I took on positions of responsibility. The spirit and culture of the Society was instilled into me, to my great personal benefit. I retired from the

- A staff in 2000. A couple of years later I stood for Council. There was a two-year gap.
- The Society was becoming more and more regulatory, and there was a danger, as the composition of the Council changed, that it would become more so, to the detriment of its role as a professional association of pharmacists. I wanted to – and still do – Save our Society.
- B I and other pharmacists elected on the same platform have had a measure of success. We successfully challenged removal of the Charter object promoting the interests of members in the exercise of the profession of pharmacy. We also contributed to the inclusion in the Charter of requirements for members to be given a vote on character-changing alterations to the Society, such as new categories of membership, rather than such changes being imposed from on high, as was hitherto the case.
- C Now the Society faces a fresh threat to its existence. The Government in its wisdom has decided that the Society’s regulatory work should be taken from it and given to a new body, namely the General Pharmaceutical Council. At a stroke, the Society will lose a large part of its turnover. Membership will become voluntary.
- D Reasonable people would have been thought that under these circumstances the Government would have done all it could to assure – or at least not to impede – a secure future for what is left of the Society after regulation has been removed. But if anyone had thought that, they would have been mistaken.
- The White Paper on professional regulation talked about establishing a body akin to a Royal College to provide professional leadership – a role that the Society was already performing. So not only was the Government intent on prejudicing the Society’s viability by taking away regulation, but it seemed bent on undermining what was left.
- E If you want further evidence of the Government’s unhelpful attitude, look no further than to pharmacy’s very own *dodgy dossier* – the report of the King’s Fund seminar on professional leadership in pharmacy. At the Seminar the Society’s President, who was Hemant Patel at the time, had to share the stage with the Chief Executive of the College of Pharmacy Practice, leader of the so-called Waterloo Group of specialist pharmacy organisations, which could only, in my opinion, have had the desire to coalesce into the leadership body that the White Paper was promoting.
- F Indeed, if you read the report of the seminar, it is clear that the Waterloo Group succeeded in upstaging the Society on the day. We see the King’s Fund Chief Executive, Niall Dixon, writing in a forward to the seminar report about a shared vision between some of the leading organisations, by which he meant the Waterloo Group. This group did not, of course, include the Society.
- G Mr Dixon also notes that many of those present at the seminar were concerned that the new leadership body “should not be a rebadged version of the Society”. We find also disparaging comments made by Keith Ridge, the Chief Pharmacist, at the Department of Health. He averred that only a minority of pharmacists would join the RPSGB if it was not mandatory, and that the organisation to eventually emerge must be seen to be a new organisation.
- H We find Bill Scott, referring derisively to the foundation of the Society as taking place in “a wee teashop” 165 years ago. Later, we had Lord Hunt stating explicitly in a letter to the PJ (5 May 2007) that the new leadership body should not be a reincarnation of the Society. Then we had a remark by Bill Scott when the Society’s Council met in Edinburgh recently, about the “dying embers of the Society”. It suggests that the Government and/or its agents may still be intent on the Society’s

A destruction. Is this really how the Government and the Chief Pharmacist want to be remembered, as the destroyers of the Society? I certainly would not want to be remembered in such a way as a pharmacist.

All of this, of course, contrasts with the words used by the Secretary of State for Health, William Waldegrave, on the occasion of the Society's centenary in 1991 – not all that long ago. In a message to the President congratulating the Society on reaching its 150th anniversary, Mr Waldegrave wrote:
B *“The achievements of those 150 years have been remarkable. The public and the Government rightly hold the ...Royal Pharmaceutical in high esteem.”*

The Kings Fund seminar, by the way, was commissioned by the Government Working Party chaired by Lord Carter of Coles, and it was on professional regulation and leadership in pharmacy.

C But let us look at the reality, notwithstanding the views of the Chief Pharmacists and Lord Hunt. The Society has a first-class record of developing the pharmacy profession in Great Britain. It is not, nor ever has been, a failing organisation. It took on regulation at the behest of the Government in the 1930s and made a good job of it, alongside its role as a professional association for pharmacists. It now has to relinquish the regulatory role.

D The Council should be seeking an assured future for the substantial part of the Society that remains after regulation has been taken away. Anyone on the Council who does not think that that is his or her role should not be here.

E A major area of the Society is publishing. Buyers of books worldwide value the Society's work as authoritative and painstakingly produced by expert editors. The Society's imprint is a guarantee of quality. Overseas pharmacy organisations recognise the strength and value of the Society, as we are often reminded when people from those organisations address the Council. The Society is recognised as one of the leading professional associations in the world.

The only place where the Society's qualities seem to go unrecognised is around this table and within Government circles.

F What I have said today needs to be said. If this Council does not believe in the Society, then it is done for. It is about time the Council showed some confidence in the Society. Fortunately, for all the talk of a new professional body no new legal entity other than the GPhC is being created. The Society will continue under an amended charter and, with the removal of regulation, will be able to, and indeed will have to, operate in an exclusively member-focused way, albeit that its actions will still be subject to public scrutiny. It will retain its assets and liabilities.

I have, however, great faith in the Society as an institution. It will adapt and it will live on. I have said it before and I will say it again: It is unthinkable that the Society should not exist in the future.

G On a personal note, I had the good fortune to work with Lynsey Cleland, Priya Sejjpal and David Pruce when I chaired for nearly three years the Law and Ethics Committee. This is a very rewarding time for me. Those staff members are further evidence, if evidence were needed, of the quality and capabilities inherent in the Society. Thank you for indulging me. **(Applause)**

H **THE PRESIDENT:** Thank you very much Doug. We are now going to go into confidential business. So can I ask observers to leave us?

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