

Transcript of the Public session of the Council meeting held on Wednesday 29 July 2009 at 1 Lambeth High Street, London, SE1 7JN

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

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Present

President Mr S Churton
Treasurer Mr J Gentle

Mr S Acres	Ms S Agha
Mr G Alexander	Mrs M Allan
Professor N Barber	Mrs K Blair
Mrs C Brown	Mr D Carter
Mrs D Drury	Dr C Duggan
Dr P Entwistle	Mrs L Jacobs
Mr R Jobling	Mr J Jolley
Mr A Kershaw	Dr T Learoyd
Mrs S Kilby	Professor B Michell
Ms M Saunders	Mrs V Turner
Professor K Wilson	

In attendance

Dr B Curwain, Chairman of the English Pharmacy Board and Mrs S Melville, Chairman of the Scottish Pharmacy Board.

Mr J Holmes, Chief Executive & Registrar

Mr Steve Churton, The President: Thank you for coming to breakfast this morning, those that could make breakfast. I think it was a useful session. I think Bob is a good guy actually so we look forward to working with him.

As usual, we have got a very ambitious agenda today. We are scheduled to finish at 3.30 and hopefully we will do so. We will try and stick to time which basically means that we need to move fairly swiftly through the agenda. If I could request Council members to be quite succinct in their comments and questions, that would be really helpful, please, and we will see whether we can move through at a fair pace whilst engaging in useful conversation.

1. Welcome to guests

The President: First of all, may I on behalf of Council welcome our guests today who are sitting at the back of the room, Dr Helen Boardman from Sherwood region, Ahmed Atchia from Sunderland branch, Gemma Donovan, President of BPSA, and congratulations, Gemma, on your recent appointment, Teresa McCarthy from Hertford & District branch, Hasanat Mohbat from Boots, and Nasira Adam also from Boots.

2. Apologies for absence

The President: We have apologies from a number of Council members, Sylvia Hikins, David Carter, Graham Hall, Alison Moore, David Thomson and Martin Astbury.

3. Declaration of interests

The President: Could I just remind Council members, please, to make declarations of interest before each agenda item.

4. Minutes of the public business part of the meeting of Council held on 20 May and 2 & 3 June 2009

The President: I move on now to item 4, which is the minutes of the public business part of the Council meeting held on 20 May and 2 and 3 June. Could I just first of all check if anybody has any issues with the accuracy of those minutes that they would like to raise? OK. We will take those as read then, thank you.

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

The President: Are there any specific matters arising that do not form part of today's agenda that people would like to raise? Thank you very much also.

Professional leadership matters**6. Special Resolution ballot result**

The President: Let us move on then to item 6 and the professional leadership matters, which is the paper 74 on the special resolution ballot result, if I invite Michele to talk to this paper, thank you.

Mrs Michele Savage, Advisor Professional Leadership Body: Thank you, President. Just quickly going through the special resolution ballot, what I am asking Council today to do is to agree that the special resolution now goes forward to the Privy Council for approval. Just going through the report, you have all got a copy of it. We had a 22.3 per cent turnout. I think that was a good turn out when we look for the last Charter we had a turnout of 9.3 per cent with everything going on around there, and at the last Council elections there was only a turnout of 15 per cent. So I think 22.3 per cent of the profession is a good turnout with a 77.7 per cent yes vote.

There were a couple of issues during the special resolution ballot. We had the postal strike on the last Friday before the closing date so we extended the postal deadline until the following Monday. That was extended for 24 hours just to make sure that everybody had voted by post and we certainly have not had any complaints about extending that deadline or when the other deadline was as well.

A Council member quite rightly pointed out that there were some difficulties, there were two addresses, one on the ballot paper and one on the return envelope, and there is an explanation in the paper on that and I think the Council member concerned was happy with that and there were not any problems with that.

All I would ask really is if Council are happy to agree that this special resolution goes forward to Privy Council for approval.

The President: Are people happy with this? (Agreed) Thank you very much. Jeremy would just like to make a comment.

Mr Jeremy Holmes, Chief Executive & Registrar: Could I just put on record, as Michele said, not only was it a very good turnout in relation to previous elections and resolutions by the Society but it was also a very good turnout in comparison with other professional bodies and indeed trade unions. I think it is worth noting that anything that is higher than the teens in this setting is a very good turnout.

The President: Thank you, Jeremy. I said a lot of words yesterday to Council in Strategy in terms of my thanks for your support but I want to place on record my thanks for the support of all Council members, Board members, members of the executive teams, et cetera, who worked so hard to achieve this excellent result. So thank you again everybody who was involved in this.

7. 2010 National Pharmacy Boards election scheme

The President: Can we move on to item 7, please, which is paper 75, again, Michele, on the 2010 National Pharmacy Boards election scheme.

Mrs Michele Savage: Thank you. This paper is following on from the decision taken by Council in December in that the elections for the 2010 National Pharmacy Boards, the scheme should be amended to bring it as close as possible to that recommended in TransCom, so that was the starting point on that.

Just to make it clear, this election scheme is for the 2010 elections only. There will be another scheme drafted which will go to the Assembly on day one and that will be for the post PLB. So this scheme is under the current Charter and regulations. So I have had to work within those constraints when preparing this scheme. So there are some things which maybe people are not happy with but hopefully I can address that as we are going through the paper today.

Just going to 2.5 on my paper, the main amendments to the election scheme are to allow, as I have said, the composition of the Boards to be as close to that as in the prospectus. I have tightened up the wording. You will see on there that when it comes to sectoral places that it now says candidates must work wholly or mainly in that sector that they are standing for. They will also be asked to specify the amount of time working within that sector when they are putting their nomination papers in.

Council members also, in the election scheme at the moment, are unable to stand for the NPBs but we are planning on this election scheme that Council members will be able to stand for the National Pharmacy Boards.

There is more flexibility on the effective date, removal of references to the first elections, and removal of a requirement for candidates to state their age and for it to be published as apparently this could be viewed as potentially discriminatory.

So they are the main issues. Obviously, I will go through to some of the other ones that have been raised but are Council fairly comfortable with those main ones that I have in the paper?

Mr Gerald Alexander: I have just a question to Michele. I know you have tidied up the language and are talking about wholly or mainly in a particular sector. What about those pharmacists who have portfolio careers, and there are quite a lot of them these days, who might work in different sectors? That language would, I suppose, exclude individuals from participating in that election, so I am a bit concerned about that. That is the issue. I do not want to see an exclusion of individuals who were eminently capable of seeking election to a particular sector just because they do not work wholly or mainly in that sector. They might work part-time in that sector and work part-time in another sector so, in fact, they would be excluded from both sectors. So I think that particular piece of language might need to be looked at.

Mrs Michele Savage: Can I just say that this paper has already been endorsed by Governance Committee and that was not raised by them.

Mr Gerald Alexander: I am sorry, I was not present at the Governance Committee when they dealt with that. I do not know when they dealt with it.

Mrs Michele Savage: About two or three weeks ago.

Mr Gerald Alexander: I am not a member of the Governance Committee any longer.

The President: OK. Lorna, can you respond to that?

Mrs Jacobs: My recollection, and I will look to other members of the Committee to correct me, is that the particular wording that we were concerned about was that the Boards would be asked to provide guidance to clarify it. My recollection is not that we discussed specifically those words about mainly in that sector. I think the discussion was held about how to ensure that the right people were standing for those positions but my recollection was that the resolution of our discussion was that the Boards would be asked to provide guidance on that. That is, I think, what we have got in this paper on page 2 of 33, that it said the Boards will be asked to produce background guidance on what they are looking for in sectoral places. That was my recollection of our conclusions.

The President: Does anybody else have a recollection on the point that Gerald raised or a comment?

Mrs Sue Kilby: There are more people that now actually have feet in more than one camp and portfolio and people who actually do not fit into any of those sectors whatsoever. I am not sure how you would have coped with somebody like Doug who actually stood because he is in publications. He does not fit into any of those categories. Likewise, people who are recently retired, people who are part of the forces, people who are part of the secure services. There is a whole raft of people that actually cannot comfortably fit into any of those headings. There are a lot of people who have got joint appointments between primary care and hospital or academia and hospital services who could state that they are neither wholly nor mainly working in either sector because they are joint appointments.

The President: Could I just ask for some advice on how we deal with the situation right now?

Mrs Michele Savage: It is up to Council to decide --

The President: I do not mean that. I am sorry. Currently, the sectoral places that are reserved, how do we form the words there to give guidance as to whether people should --

Mrs Michele Savage: At the moment it does not have wholly or mainly in there. It is just if people think they fit into that sector, then they can put themselves forward. This was raised with me by the English Pharmacy Board probably going back a couple of months ago, about tightening that up, and that was the reason for doing so.

Dr Brian Curwain, Chair English Pharmacy Board: There is no question that Gerald is right, we do not want to find that we are excluding certain types of person. So there are two issues that come out of this, I think. One is that if we talk about wholly and mainly, then you would expect that if somebody was going for the hospital pharmacy place, for example, on one of the Boards, then at least more than half-time or half-time they would be working in hospital pharmacy in terms of how we interpret this. If the Governance Committee is looking for guidance from Boards, I guess we can probably furnish that fairly easily.

The other issue around this, I think, is that if you have some unreserved places, then anybody, whatever they are doing, may stand as a candidate for an unreserved place on the Board. The thing that worries me quite simply about this, which I had not picked up until seeing this paper, is that for the English Board there is only a single unreserved place. Like Sue, I felt myself to myself how would Doug Simpson stand if he is going to be up against people from very large sectors who also want to compete for the unreserved place? So my suggestion would be that we try to find a way with the English Board. The Welsh Board has three unreserved places and the Scottish Board has four. If we could say that possibly there were three places for community pharmacy and three unreserved places on the Board this would be a form of compromise which just might help.

The President: Could I just ask Michele to give us a background as to why we have arrived at a situation where we have got one unreserved place, just in case people are not clear on that?

Mrs Michele Savage: Because in the regulations it states for the English Pharmacy Board there will be 11 registered pharmacists and one technician, and applying, as I was asked to do by Council, the sectoral places that are in the prospectus, that obviously takes up 10 of those places so that is why there is only one unreserved place left. There is no reason why we could not go along with Brian's suggestion and that would seem like a sensible way forward.

The President: What do people feel about the suggestion that we ought to reduce for this one election the number of community pharmacy places and increase the number of reserved places, just on that point? Marcia?

Ms Marcia Saunders: I think Brian has hit the nail on the head. Could I just say, I am a member of the Governance Committee. Lorna is right. What we actually were doing was trying to guard against something else, which was an inadequate definition of sectors and people actually claiming to represent a sector when they did not actually, they did not really have much experience in that sector, so loose definitions. That is what the Governance Committee was trying to tackle. I do feel if you are going to have sectoral places the sectors have to be defined. You cannot just leave it open to people's whims or wishes to get elected. I completely agree with Brian that if you restrict it to sectors, you are likely to lose some really good talent, including people who do represent a sector which is very strong and from which you might draw a number of very, very good members but you do not have enough places. So I would personally think that you should increase the numbers of non-sectoral places.

The President: Anybody else just on that point? Gerald?

Mr Gerald Alexander: I would like to support the increase in non-sectoral places but if you still look at the community pharmacy grouping you are suggesting locums and management. I think you are going to have to say, well, perhaps there should be proprietors amongst that group as well otherwise you are excluding another group. So I think perhaps you should be less prescriptive about the individuals who would sit on the Board from that sector because actually if you are going to reduce the number of places which is being suggested, and I am not sure that I agree with that, then you are actually increasing the locum and the management sector of community pharmacy.

So I am not sure that this has been looked at thoroughly. I am sure it has been by Governance but I think we need to actually look at it more carefully and I do not really want to come to a view on that at the moment. My view is that, yes, there should be less places allocated for sectors but how that is done I do not know.

Mrs Michele Savage: Can I just emphasise, this is just for one election and when it comes to the next elections, under the PLB, there will be 14 places on the English Pharmacy Board. So this is just for this one election.

Mr Gerald Alexander: I appreciate that but things tend to go on in perpetuity. I know it is for one election but once something is set up it is quite hard to change. Even though we would suggest that review does take place and change takes place sometimes people are comfortable with the status quo.

Mrs Michele Savage: Just to come back on that, we have to draft new regulations and a new election scheme which will go to the Assembly on day one so I do not think that whatever we have now is going to be set up and will stay that way because there is obviously going to have to be a lot of consultation with the Boards and various other people as to what the permanent election scheme will say for the PLB. So this really has to be looked at as an interim scheme. As I said earlier, it is not perfect because we are operating under the current Charter and the current regulations so there are going to be some things that you obviously are not particularly comfortable with but this is just an interim scheme.

Mr Gerald Alexander: I am just trying to leave the place better than the way I found it, that is all. The future is the future and we look forward to that.

The President: In terms of time pressure, not today, but in terms of time pressure to progress this, we do need to make a decision on this issue today and agree whatever we are going to agree today in order to get things moving. I have got a number of names and I am going to go through them in the order that I got them. I have got Margaret first and then Sue.

Mrs Margaret Allan: Thank you, President. I have got a question and it may be that I am not reading enough detail, but these people who are being elected next year, there is a presumption that they will take over as part of the new professional body until such time as another election so their mandate is that they should be standing for election both for the current format and the new format. I just have a slight concern. Have we got anything anywhere that actually says that these pharmacists will need to become members of the new professional body?

The President: Themselves, individual members?

Mrs Margaret Allan: Yes, when the split comes. If they decide not to join, because it is voluntary at the end of the day, will they then still be eligible to sit there?

Mrs Michele Savage: I have actually amended the election scheme and this has happened over the last couple of days. On section 14 where it says eligibility for election, the first subsection is going to be amended so that it now says a pharmacist shall be eligible for election only if their name appears in part 1 practising of the Register of Pharmacists and is a member of the Society. That is fine for now and that carries on as well so it is a good point and somebody did give me the nod you were going to ask me that, Margaret. It is something I had not picked up on so that means if they do not join the PLB, then they are not fulfilling their requirements and they cannot be on the National Pharmacy Board.

Mrs Margaret Allan: If I may, just one other question. Again, I might be misinterpreting this, but my understanding is that there was an agreement that any of the representatives who actually sat on Council for their countries would also be eligible to stand in the elections next year. My reading of this is it is not for Scotland and Wales.

Mrs Michele Savage: For Scotland and Wales, because it is not in the regulations, there is no problem. You will just come under as being a normal Council member. So if you want to stand for the National Pharmacy Board as well while you are a Council member there is not an issue because it is not in the regulations. So it is not a problem for Scotland and Wales. The issue I have raised in here is about the member for England, the Channel Islands and the Isle of Man.

The President: Can we come back to that in a second?

Mrs Michele Savage: So it is not a problem for Scotland and Wales. It is just that England is slightly more complicated because of the regulations.

The President: Well spotted, Margaret. Can we just stay on the issue for a moment of the composition of the English Board and just nail that if we can and move on from there. Sue, is it on that point?

Mrs Sue Kilby: Yes, it is very much about the composition. First of all, I would obviously like to support the suggestion that Brian has put forward about perhaps trying to in some way increase the number of unreserved places because I think that is actually crucial. It is actually very key that we are seen to be able to engage with as many members as possible at the moment because we are going forward to actually hopefully engage them in the new professional body.

They need to think that there is a place that they could actually potentially stand for and that is why it is so important to actually look at that. I know that this is only for one election and going forward there will be more places so there will be opportunity for a greater number of unreserved places so that is great.

The other thing is about what Gerald is actually saying about not having reserved places amongst community pharmacy. The issue in hospital, you also have a lot of locums as well that are actually running services, so it seemed a bit of a nonsense to have a reserved place in community pharmacy for locums but not actually have one in hospital. So I would just say unreserved places as far as community pharmacy is concerned.

The other issue is it becomes incredibly complicated at times to actually define who is working in certain categories, especially around primary care. It is the one big area which is an absolute nightmare. Some pharmacists who are actually paid by hospital trusts are actually largely working in the primary care situation and I guess probably even vice versa. So those particular categories are very difficult to actually define.

The other thing is you could have a pharmacist who is working one day a week and that is all they are doing as far as their work is concerned in a particular sector and they would be able to stand to represent that sector because their work would be wholly or mainly in that one sector whereas you could have somebody who is working two days a week in hospital and two days a week in community who potentially could work in neither of the sectors because they are split 50:50. So it is a very complicated issue to actually try and nail it down too precisely so I suggest that we have a fairly loose set of words for this particular occasion going forward. The important thing is that members think that they are able, if they want to and prepared to, to actually stand for one of the places on that English Board and we have a broad representation of the people across the sectors.

The President: So what I am hearing there, just trying to paraphrase this, Sue, and I hope I have done so correctly, I think you are saying that to increase the number of unreserved places on the English Board is desirable. In order for that to happen we need to decrease the number of places probably to community pharmacy from five down and I am hearing it going to three and perhaps the unreserved places going up to three and that we should be less prescriptive on this occasion for those people working in the community pharmacy sector here. I think the others are not prescriptive at all anyway. It just says two places for hospital and one place for primary care.

Mrs Sue Kilby: Also the wording around wholly and mainly, we have just got to be very careful how we specifically phrase that.

The President: OK. Is this on this point, Sandra?

Mrs Sandra Melville, Chair Scottish Pharmacy Board: in one sector and that would be all you did or you could work two days a week in hospital, for instance, and three days a week in community and that person would not be able to represent hospital, which seems a bit -- it is around the wording wholly and mainly. My suggestion would be that you change that to a substantial part of their work and that may be more easy to -- a looser definition that still stops people from falsely representing in some way because they do some token amount of work. So that was all my suggestion was.

The President: Brian?

Dr Brian Curwain: I think Gerald's point is very well made and we should perhaps just, with the community pharmacy sectoral places on the English Board, make the suggestion that they are for community pharmacy people and not worry. It is only one election and we can deal with the rest.

I am just mindful, with all this business about wholly and mainly, there is probably one debate we have not actually had in reality and I just want to remind us about this and I do not want to

have it now. If we are having a sectoral place, let us say, for an industrial pharmacist, do we really want somebody like me filling that place who does a bit of consultancy for the industry or do we want someone who is actually working in it for their career? The same would be true of any other sector.

It does not mean they have to be working full time but I think that it should be a major part of their work is an issue. I leave it like that for us to think about perhaps when we think about the next election scheme in a few months' time.

Mrs Michele Savage: On Brian's point, I think that picks up what the Governance Committee said about the guidance that is going to come with the Boards to go with the candidates' pack and I think we can work on that and what we are saying on that and you can specify what you actually mean about it. Are you saying that on the community that we are probably going to take out locum employee and just have them as community?

The President: I think that is the suggestion, just one only. Cath on this point.

Mrs Cathryn Brown: I agree that we need to reduce the community sectoral places for this time so that we can have more unreserved places. I am happy that the locum pharmacists, the employee pharmacists, come out for this time. However, I think we are in danger of going back on what was promised in the prospectus and what we have just agreed with the Charter changes by going back over why are we having a locum? Why are we having an employee? Yes, these are questions that we on the Governance Committee had and that is why we asked for guidance from the Boards but they are in there, they were agreed by TransCom, and we have put them out to the members and they seemed happy with them so I do not think we can change those now.

The thing around wholly and mainly, I do not remember us discussing that at Governance because we were focused on what are these sectoral places for, but what we did talk about was that it is a self declaration. When you put yourself forward for the sectoral place you explain why in your election statement and people can look at where you work and how you work and they can make a judgment based on that. So I think if people want to put themselves forward because they work one day a work in primary care or public health and they do other things as well, people will look at the fact that they have stood for that place and then they will look at their statement and think, actually, no, I do not think that you fit that so I am not going to vote for you. That is where the decision is made, by the electorate.

The President: I concede this is not an ideal situation, it is more of a pragmatic interim solution, so to your point absolutely we must be faithful to the prospectus going forward but this is an interim phase which we are just feeling our way through as best we can. Bob, did you want to come in?

Professor Bob Michell: On the point Cathryn has made, it is not the appropriate approach. It is up to the electorate to look at why that person feels they are best placed to represent that sector. If I can give you a stupid example, but it does illustrate the point, the day he resigned from government, who would have been better qualified to represent the interests of consultant surgeons than Lord Darzi even though he was only working as one for one day a week?

Professor Nick Barber: The wholly or mainly point, I do think we have to be aware of the capacity for people to manipulate it malevolently if they want to. If we are going to have a sectoral system which is what we have decided, then those people do need to represent those sectors. You could imagine a situation in which a group have some people who are popular, who a large proportion of the pharmacists wanted because they felt they represented their community sector, or whatever else, and they could go into hospital places and do one day a week, stand for election and resign after that. So I think it is dealing with the issues of these specific representations. We do have to make sure that people represent them as much as possible by having some sort of majority view. Whether it is substantially, I am not sure it makes much difference, but wholly or mainly I am still happy with.

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Mr John Gentle, The Treasurer: I am just wary of changing the sectorals in the English Board after it has gone through Governance and after it has gone through a whole process already. I would be in favour of dramatically increasing the number of unreserved places on the English Board.

I would increase the number of places to 11 because I do not believe in sectoral reputation. I think the best people should be elected. We are in danger here of over-managing this process. Let us have one of these, 1.2 of these, three of these, 2.4 of these. The Welsh Board has five out of eight sectoral places for community, so does the Scottish Board. The proposal here is to reduce it in England to three out of ten for community pharmacy. Community pharmacists are 85 per cent of the electorate to the English Board and I am struggling to see how that exactly increases representation. If you want more unreserved places, I would say scrap the sectoral places and have them all unreserved and then the Board and the Council can encourage as many people as possible to stand and widen the franchise as much as it possibly can. If you want to keep the sectoral places I think they should be in some kind of proportion to the percentages on the Register. I do not think it should be over-managed. I think reducing the smallest number out of the three Boards to three for community is maybe taking things a touch too far.

The President: We are, of course, trying to keep as faithful as we can to the prospectus during this interim process which is why we have reached the situation we are at. Of course, the unreserved places could well be filled by community pharmacists. I just make that point. Sandra?

Mrs Sandra Melville: Just a point on that, Steve. From the Scottish Pharmacy Board's point of view, we did not actually want any unreserved places and Michele is aware of that. This is just an interim arrangement. That has somehow got muddled up during TransCom and we can live with that because this is an interim arrangement and our view is that we can change that in the future. The point of that is that we have to stick to what is in the prospectus and the danger is if we start unpicking little bits of what is in the prospectus, where do we stop? Because of that we are happy to go with it and I think we need to draw back to that and remember that principle.

The President: So just on the words of substantial versus wholly or mainly, do people have a reference for substantial? (Agreed) So if we could make that change. Are we agreeable on this one occasion then to make the changes that we have talked about here in terms of increasing the unreserved places on the English Board to three, decreasing the community places from five to three and removing the reference to locums and employers, whoever the references are in there at the moment? Can we agree on that or not? Otherwise we are not going to get much further here.

Mr Alan Kershaw: --(inaudible)--

The President: I am sorry, Alan?

Mr Alan Kershaw: If there are to be three reserved places, which groups are they reserved for, or am I misunderstanding this?

The Chief Executive & Registrar: Can I just explain? We are looking at page 22 of 33, section 5. That is the proposed new election scheme so 5(1) on that page, page 22, has the reserved places at 10 reserved places of which current five are for community practice, and the proposal is that that should become three with no specification about locums or employees.

Mrs Dorothy Drury: It would not help to make it --(inaudible)--

The President: And two unreserved? I see a few nods at that.

Mrs Sue Kilby: I think that it is a much better message going out to the membership as a whole that there are at least three unreserved places. The issue is that when you actually look at what was agreed at TransCom there were more places on the English Board so there were more unreserved places. That is the issue and the way they have managed it is actually by cutting the number of unreserved places.

The Chief Executive & Registrar: Can I just explain that? In the TransCom prospectus the English Board is 14 strong, I think, of which there are four unreserved places, four unreserved. So what we are trying to do is a stepping stone towards that because we are constrained to have only 11 members of the English Board. We are trying to fit as much of the TransCom prospectus as we can into that 11 and of course it means that the unreserved places have gone down from four to one. So the compromise may be two or three unreserved and it would go to four when we get to the TransCom implementation.

Mr Gerald Alexander: In the light of Jeremy's explanation, the presumption is you are going to take out the wholly and mainly. If you leave it as it is at 5(1) and remove everything after five places for community practice, then it is fine. I do not really see that the remainder of that sentence is relevant. You could leave everything as it is. That way the Governance Committee has looked at it, the transitional working groups have looked at it, everything fits with the movement forward to the future when the next election takes place, where there will be unreserved places, and I think that would fit but I just think there were some elements in the way that was constructed which sought to exclude certain individuals and I just think that individuals should not be excluded from election. The electorate can demonstrate its maturity by voting for candidates that it thinks should be suitable for those places. So I would say ten places on the English Pharmacy Board should be reserved for pharmacists in each of the five sectors of practice, five places for community practice, two places for hospital practice, and so on and so on. That is it, not prescriptive in any way. I think it makes it much easier. It is much easier for the staff to administer the election and it is a one-off election, as you have said, and as we go forward the unreserved places will widen the following year.

Mrs Sue Kilby: I still cannot agree to only having one unreserved place. As I say, we have already made very clear that there are a number of people with portfolio careers. People can only stand in those sectors and be nominated by people in those sectors and be voted for by people in those particular sectors. So I think Nick's concerns about it, you are only going to get hospital pharmacists who have been nominated by hospital pharmacists and voted for by hospital pharmacists. Mind you, I am not sure that our Register is set up to be able to manage that and it will be quite interesting to see whether it can, but that is how it is actually written at the moment. The concern is that there is a number of people who have got joint positions who cannot stand and there are people, as I say, like Doug who would be interested to know that we are still talking about him after he has left, and there are also quite a few people who recently retired from the Register and we would quite value their input on it. If we are left as it is suggested with only one unreserved place, I think it would turn off a lot of people from potentially becoming members.

The President: I wonder, just to move us forward, if I can just ask Brian, as current Chair of the English Board, to make a proposal.

Dr Brian Curwain: Thank you, President. What I propose is that we take your suggestion that this is an interim solution, it is a stepping stone towards where we are going to with 14 members in due course, and when we talk about trusting or otherwise the electorate, of course we trust the electorate to vote as they see fit, but what we know from recent experience is that a member was elected to the English Board in the constituency of primary care who is a community pharmacy proprietor and it is exactly as Nick Barber was saying earlier has happened. Although that member is extremely welcome on the Board and would have walked in quite rightly to an unreserved place, so he is absolutely right to be there, it is arguable whether he should be there representing primary care. So we do have issues around how these things are interpreted in terms of the spirit of the regulations.

So I would propose that we go with the three unreserved places for community pharmacy, with Gerald's original suggestion of no stipulation with respect to locums or otherwise, and accept this as an interim solution which will then be moved straight into the TransCom mode at the earliest possible opportunity.

The President: That is the proposal which is -- John?

The Treasurer: I just hope that the English Board Chairman can make it absolutely clear that he is not being critical of the person he is talking about in the English Board election who has an excellent record in public care and was chosen by the Society to head up our lung cancer awareness campaign. I think it is entirely wrong to put any criticism of that candidate and his candidature for that particular post. It is exactly the kind of issue we were talking about, people with portfolio careers.

Dr Brian Curwain: Thank you. I thought I had made it clear how welcome Graham is on the Board and I made it clear to Graham himself as well.

The Treasurer: I wonder what point you are trying to make. You commented about how it was debatable whether he should be eligible to stand or whatever. What exactly was the point? Why did you raise the issue?

Dr Brian Curwain: I did not make a point that it was debatable that he was eligible to stand. What I was saying was that when we are talking about the wholly and mainly issue, then actually he is not a primary care pharmacist. It is simply that. We can go into these things with our eyes open and make decisions on that basis or we can try to be true to what we thought was the spirit of these regulations.

The President: Thank you. Could I remind people that we are --

Dr Brian Curwain: I do not think this is the place to have this debate, to be honest.

The President: Could I remind people that we are in public business and the issue before us is the interim composition of the English Board and the election scheme. There is a proposal on the table and we need to move on. Can I ask for Council's agreement to that proposal which is currently on the table as an interim measure? Brian has just articulated the interim measure.

Miss Yvonne Liddell: I am sorry, I know you want to move on. It seems as if it is going around in circles again and again. I am slightly confused. Why is it that the English Pharmacy Board has got 11 places, the Scottish Pharmacy Board has got 12 places and Welsh Pharmacy Board has got 11 places?

Mrs Michele Savage: Because that is how it was set out in regulations and we cannot change that at the moment.

Miss Yvonne Liddell: My proposal was make them all the same --

Mrs Michele Savage: We cannot do that.

Miss Yvonne Liddell: Make them all 11, three unreserved places, and cover the remaining eight through all the sectors. Why can't that be done?

Mrs Michele Savage: In regulations it states the number of registered pharmacists that can be on each of the Boards and we cannot increase that or decrease it because that is in the regulations which are under the current Charter. Obviously, this is for the interim. When we look at the National Pharmacy Boards under the PLB, there will be new regulations and the election scheme will be as per the TransCom prospectus.

The President: I think we are there in terms of that agreement. Can I have your agreement to that, please? (Agreed) Thank you. Let us move on. The other issue that was raised was the --

Mrs Michele Savage: Just going back to what Margaret raised about the constituency member that is on each of the Boards, as I said, for Scotland and Wales it is not an issue because it is not in the regulations, but for the Council member who is on the English Pharmacy Board, they are on as part of the make-up of the English Pharmacy Board in regulations and, as it currently stands, that Council member is unable to stand for the National Pharmacy Board under the current election scheme. Now, I was asked to look at whether there was a way that they could stand for the National Pharmacy Board election and still be on as that Council member because what will happen will be they will be wearing two hats because they will still be on as the Council member for the constituency so they have to sit on the English Pharmacy Board but if they were elected as a National Pharmacy Board member they would be on with a National Pharmacy Board hat. I know Governance looked at this and I think you were quite comfortable. Were you comfortable?

Mrs Lorna Jacobs: I am looking at my minutes. I will try and make sense of the minutes. I am not going to find it.

The President: We will come back.

Mrs Michele Savage: It will mean for a period of time you would have the Council member from the constituency on the English Pharmacy Board and they would be on as a National Pharmacy Board member until the demerger. So you are talking about a short period of time. I just wanted to ask Council if they were content to amend the election scheme to allow that Council member to stand for the National Pharmacy Board as well for that short period of time.

The President: I have seen some nods around the table. Is anybody violently opposed to the suggestion? OK, that is agreed. Thank you, Michele.

Mrs Michele Savage: Going on to 3.2, there has been discussion and Jeremy has been in discussion with the Pharmacy Boards when they would stand down next year to allow the elections to take place under this scheme. At the moment, we have been looking at 1 March but I understand there has been some discussions that that might be slightly earlier. Moving on from that, once the elections have taken place under this 2010 scheme, under the regulations there is a three-year term. We cannot change that at the moment but obviously we will once we are in the PLB. The new elections with the new membership are going to want to take place as soon as possible for the PLB so I am asking Council if they are happy to ask the MPB members that are elected in 2010 to sign a declaration saying they will stand down if the first elections take place before the expiry of their terms of office. At the moment we have got no idea how long it is going to take to do the regulations and the new election scheme and when the elections will take place so I am just asking Council if they are happy to --

The President: It seems a sensible safeguard to me. Are people happy with this? (Agreed) Thank you.

Mrs Michele Savage: Going on to 3.3, we have obviously been talking to the Board about the members elected now to stand down in February/March next year, but under the current regulations there is a pharmacy technician on the Boards. The suggestion came from Governance that rather than ask the pharmacy technician to stand down at the same time, whether their term of office could just carry on until the demerger and at that stage their position would fall away. I need to take legal advice on this and Robert Bulling is actually away on holiday. So I am not sure what he is going to come back and say, whether it is possible for somebody elected under one election scheme to carry on.

I think it will probably be OK but I just wanted to ask Council, subject to legal advice, are they happy for that, that the pharmacy technician continues until the demerger, rather than go through the election of a pharmacy technician on the Board for 2010.

The President: (Agreed) Thank you.

Mrs Michele Savage: There is the issue about the Channel Islands. A briefing note has been prepared for the Channel Islands and the Isle of Man and I think that will be going out today just to explain the situation. Obviously, there is a commitment the under the Charter that members in the Channel Islands and the Isle of Man will be able to stand for the National Pharmacy Boards but obviously there needs to be some good communication around that because it is quite confusing, I think, when we have got this scheme going in 2010, a demerger might be eight weeks later, and they are going to be saying, well, actually you said we can stand. So we need to explain to them and a briefing note has been prepared which I think Jeremy is going to send out later today to the Isle of Man and Channel Islands to explain what the situation is on that.

The Chief Executive & Registrar: Again, we are in a compromise situation right now but we are drafting regulations for this which will allow those members in the Isle of Man and the Channel Islands to stand.

Dr Catherine Duggan: This really follows on from Michele's point there. The PJ recently published or has got issues around the PLB coming out which are really helpful for members and I am just wondering, being that these are interim measures, I think key to engagement will be how these are communicated and there is a whole raft of things here which have to be put in place for a short period of time only. If it comes out in a drip feed way or is not collected together as a package of interim measures it might look like we are not fully committed to what was in the prospectus. So it is really key that we draw it together. I think, Michele, as you take us through things it is clear a lot of thought has gone into this but I wondered if we could package it up and communicate it in this really positive way that we are aiming for X but we have to go through Y and Z first almost. Thank you.

The President: I think that is a very good point. It is essential we communicate this properly. Are you through, Michele?

Mrs Michele Savage: Yes.

The President: Could I then suggest that, with the amendments that we have agreed to the English Board and subject to the legal advice on the pharmacy technician issue, that Council are content with agreeing (i) through to (iv) here. (Agreed)

The Chief Executive & Registrar: Could I just make one final point, which is the end of section 2.2, the last sentence of 2.2? Michele made passing reference to the date of 1 March. That is to say, in 2010 we are asking the current members to stand down and those elected in the scheme we have just agreed to take office on 1 March. There is a view from some members of the Boards that it would be good to have that earlier than 1 March and we are looking at the practicalities of that because obviously there is a lot of work to be done in getting that election under way. I do not think it is possible to do it for January. It might be possible to do it for February. We will discuss that with the Board chairs. It is good to have it before D-day so that those newly elected Board members can get up to speed and they do not have to start on D-day thinking, well, who is going to be nominated to the Assembly? So we are looking at whether we can move that 1 March date a little bit further forward.

The President: Thank you, Jeremy, and thank you, Council, for that discussion.

8. Public interest and health issues

The President: Let us move on now to item 8, a public interest and health issues item. I know Bob wants to raise an issue on the shortage occupations issue.

Professor Bob Michell: Thank you, Chairman. It is one I pre-notified and briefly it is this. Community pharmacy has been removed from the list of shortage occupations and in simple language it means that it will be harder to employ non-EU pharmacists. Many, not necessarily all, I think, Council members will have had the chance to see a briefing paper on this which suggests that it is not actually an issue for the Society, it is more one for employers.

I would like to suggest a different view, which is that it is a matter for the Society because it is a public interest matter. I think it is a public interest matter on at least two grounds.

First of all, I am quite clear, although I do not have the latest statistics but I know roughly what they are, I am quite clear that if most people realised how dependent pharmacy was on locums, they would say that it was over-dependent on locums. That is what is not in the public interest.

I only want to point out two reasons for that. I am sure others around the table can think of more reasons. The first is this: the range of services which we hope that pharmacists will provide in future is set to increase so dependency on locums is also likely to increase and increase more sharply if this removal from the shortage list is allowed to stand. For those services to be provided properly, one of the things we want is for patients to give consent for pharmacist access to their medical records. I do not think that patients are going to give that consent if they realise the extent to which the person who may be accessing their records is not necessarily the familiar face of the friendly pharmacist but some locum who has cruised in for the morning and will disappear again. Bear in mind the main public objection to the huge merits of poly clinics was the idea that they would not see the friendly face of their usual doctor, although that was a misguided objection. I think what is perhaps more important is the fact that if we have an increasing population of locums, we will exacerbate the problem of people working on the issuing of medicines who are not physically fit to do it because they are spending large amounts of time travelling to and from the pharmacy and, as we discussed yesterday, may not be well placed to truly discharge the responsibilities of the responsible pharmacist because they do not really know the circumstances of the work force in that pharmacy.

So, since time is short, the case that I make is it is not just a matter for the employers, it is a matter for the Society, because the Society until next year is still the guardian of the public interest in these matters.

The President: Thank you, Bob, for your observations. It might be helpful for Council to hear from Damian in what actions is currently involved in and the next steps.

Mr Damian Day, Head of Accreditation: Thank you. I think the main issue here is about evidence. We were asked about evidence in relation to locums. What we were asked was whether or not there was any evidence that there was a lower level of safety as a result of the current level of locums. I am not aware of any evidence to that effect. If there was evidence, then I am sure that the Advisory Committee would look at it. If that evidence existed, then we have the opportunity for making it known. They were also aware of the issue of increased services and the rationale at the moment is that because student numbers are increasing in time that is how the services will be delivered. The other issues about health are really matters of health and safety and employment. So if there is additional evidence, particularly relating to safety, then I think we could usefully make it known, but if there is not, then I am not sure what more we can do.

The President: Wendy, do you wish to add to that?

Mrs Wendy Harris, Deputy Registrar & Director Of Regulation: Just to remind Council that we have --(inaudible)-- we are now in dialogue with them but we have looked at it particularly from the regulator's point of view and particularly the pre-registration, being excluded as part of the training and rather than taking two years --(inaudible)-- so we can make representation and indeed then submit the evidence on that score but, as Damian says, in terms of locums, we have not been able to furnish them with any further information, rather to defer to the CCA and the other employing groups who have been able to submit and we have had sight of their submissions against some of these other questions.

The President: I think it is true also to say, Wendy, is it not, that the Society are now included in the MAC list for communication.

Mrs Wendy Harris: We are indeed. There was but one pharmacy organisation that MAC had chosen to put on its list originally and it was not ourselves.

The President: Ray?

Mr Ray Jobling: Can we just pick up the point that has just been made? I want to reinforce it. The Society was not consulted initially on these matters because it was seen purely, I think, as an employment issue. The point which is being made by my colleague down here is absolutely right. There is a broader public interest in this and I think the public would have expected actually on something like this with serious implications to actually come for consultation to the Society. So if that point has gone home, I think that that is a great leap forward.

We have just had passed around an excellent document and, on page 5 of that, additional information. If you read it through, there are some things which come across. The MAC acknowledges that the evidence base is weak, under (1). Currently the statistical evidence basis is weak. Under (3), decisions that are communicated, et cetera, is weak. Under (5), pre-registration is not well understood. Under (6), it is not well understood. Under (7), it is not properly understood. They would understand better, would they not, if they came to the place where these are fully understood? That is where the guidance should come from. It is an extremely weak process to this point and if it is to be improved that is good but we must be absolutely firm on it. It is one of those areas where the professional leadership body, which is simultaneously the regulator, should have appropriate clout in actually guiding this. They have conceived of it too narrowly in terms of immigration and border regulation and work regulation and within the European Union and not spotted in terms of so-called joined up government, which they keep bleating about, that in terms of joined up government there are much broader implications and it is down to us to say so and to back the staff in their representations.

The President: Thank you, Ray. Nick?

Professor Nick Barber: I absolutely agree with everything that has been said. This point about evidence keeps coming up and the question is can we gain evidence? I was unclear from what Wendy said whether behind that she was saying that evidence was being collected but presumably the larger employers do have data on errors and I do not know whether they can work out whether it was locums or not that were involved in that. If so, can we start talking with them about access? If they do not, can we start talking with them about whether that is possible? What happens when there is not a lot of resource around, and this is one of the reasons why evidence-based healthcare came in, is people say show me the evidence. They do not take it on a precautionary principle. We are going to see this again when we come to the hours of work, and so on. It is a statement of the bleeding obvious that if you are on your feet for 12 hours you are going to make mistakes. You are doing a job that involves intense concentration throughout the day but if there is no evidence people can put it off. So we need to collect evidence.

The President: Thank you, nick. I am not familiar with the detailed content of the CCA submission although I know it is a substantial submission and therefore it may well contain some useful evidence in there but we can go back and check.

Mr Damian Day: I think I can help with that. The slight problem with their evidence is that their view on locums is that it is often a lifestyle choice and that it is not necessarily linked to shortage so they half make the case. So I think we would struggle to make a causal link between shortage, safety and locums. I doubt if that evidence actually exists which I think is a problem but I must say that our experience of this particular Committee is that it is, whether we like it or not, evidence driven. So whether or not we can find that evidence is doubtful.

The President: Thank you, Damian. Gerald, I think, was next.

Mr Gerald Alexander: Thank you. I did not know this was coming up today. I do have some knowledge of this through my other hats, being a member of the Board of the National Pharmacy Association. I think Ray was a previous member of the Adjudicating Committee and Alan and Keith are both current members, as I am, of the Adjudicating Committee, and understand some of the processes by which students or rather overseas pharmacists go through adjudication and then go through to the overseas pharmacists assessment programme. I would like to echo Ray's point. If we were not consulted, then we could not give any information, and therefore their evidence base is likely to be shallow. That is a major concern.

Just to report to you that the other pharmacy organisations, and including the BPSA, are extremely concerned as to the decision of the Migration Advisory Committee over the exclusion of pharmacists from overseas outside of the EU. I myself have over many years trained Malaysian, Kenyan, Nigerian pharmacists and they sit very well on the Register these days and have very fruitful careers. So all I can say is that I think the Committee there needs to get some greater advice from this organisation and, just looking at the conclusions that Damian has written at the back, I do understand that our role is not clear but I think while we have the information, what we do have, we should be able to provide to assist the other pharmacy organisations. I realise that it is an employer's issue but, nevertheless, there are a lot of pharmacists from overseas who we have allowed to go through the overseas pharmacists' assessment programme who find themselves in the very difficult position of not being able to find work following the expensive undertaking of paying for the overseas pharmacists' assessment programme. So I think we should be at least supportive of those pharmacists who have become students through those university courses to at least see them through to their chosen career for the time being and I think we have an obligation to at least support those students. As for the future, I think we should just provide the evidence that the Home Office and the MAC requires.

The President: Thank you, Gerald. Just three more comments on this and then we will move on. Keith, Dorothy and Bob finally.

Professor Keith Wilson: Two points. The first one really is that I became involved with this first of all because we were a --(inaudible)-- I very much appreciate the work Damian has done here at the Society to actually open up this whole issue. I think none of us actually recognised the complexity that lies behind these regulations. I think this paper really represents a very big move forward in our understanding of the situation around overseas pharmacists and also in the relationship between the Society and the MAC. So I feel that an awful lot has been achieved and that we do now have a conduit and that is working very effectively and that is certainly the feeling from the heads of schools who run the OSPRAT(?) provision.

The second point really was that I would be concerned about too much of a witch hunt about locums. There are problems with the locum system. There are also lots of very good locums and, as we move to portfolio working, many people who are portfolio workers could also be described as locums.

When you look at the percentage of locums in these work force studies it is not actually clear that they are necessarily what we would imagine a locum to be. Some of them will in fact be and many of them will in fact be portfolio workers.

The President: Thank you, Keith. Dorothy?

Mrs Dorothy Drury: For evidence, is it not possible that we get any evidence from health authorities on the number of days pharmacies are closed or anything? As a Society, we have to provide a good pharmaceutical service to the public so I thought that might be some information we could get as evidence.

The President: Thank you. Bob?

Professor Bob Michell: Thank you, Chairman. I think the most important remark was that of Nick Barber because he mentioned the precautionary principle. Now, that is not just one of these nasty little English phrases that creeps into the language. That is the driving force behind EU attitudes to this and this is an EU problem. So we should put the precautionary principle as paramount. That affects where the burden of proof lies. I doubt that there is any evidence that crossing the M5 blindfold at 3.00 am leads to injury. I doubt if there is any evidence that that is the case. The precautionary principle would suggest that you would not recommend this.

Now, as for locums, they may be a lifestyle choice for you, the majority, who are pharmacists but for me they are also an issue of patient choice. I do not want my medical records to be accessed by someone, however qualified, who I do not know from Adam. Secondly, I do not want to be given important advice by someone who may be driving as much per week as they are pharmacying per week, and that is not just a lifestyle choice. My advice would be to hesitate to get evidence on that because the answers might not be in the interests of your members because they might lead to enforcement.

The President: Ray?

Mr Ray Jobling: I know you are trying to move on. Can I pick up another point on page 2 of the appendix that has gone around, and that is the MAC reasons for the proposal that they actually site. They start with the 2003 work force survey and talk about the vacancy rate being high in NHS trusts and then further down they ascribe the shortage in the NHS to low wages as compared to the community sector. Now, please allow me to say I do not think that hospital pharmacists should be working for wages which a Committee like this would describe as low, albeit comparatively low. Low wages does not strike me as a good way of serving the public interest in a key service. If it is about safe and effective service delivered by people who do not have to undergo massive stress to the extent that they actually leave those jobs and go elsewhere, then really there is something to be attended to. This is not really what the item is about, I know, but it has to be said. Here is a key government agency that is actually talking in terms which are distinctly worrying in terms of both the profession and the public interest.

The President: Thank you, Ray. Jeremy?

The Chief Executive & Registrar: Thank you, Steve. I am aware that our observers here will not have a copy of the paper that has just been circulated around Council because it is actually a copy of a briefing paper that goes out weekly to all Council members and went out on 10 July. What we will do is prepare a shorter briefing paper for public consumption on this issue, first of all, to demonstrate the engagement that the Society has on it, recognising that employers are at the sharp end of this, but just the extent of Damian's engagement as reflected in this briefing paper shows that we are in that dialogue and we are now on the list of consultees, as Wendy mentioned, and indeed we are liaising with the NPA and the CCA on it. So it is important that we show that we are on the case and Damian has just agreed that we can do a cut down version of this for public consumption, and I think that will be of help to the profession.

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

The President: That is very helpful. Thank you, Jeremy. Can I just add Council's thanks to the thanks given to Keith to Damian for his excellent work on this. Thank you very much, Damian.

9. Implementation plan for medicines safety report

The President: Moving on to item 9, please, which is paper 76, Eileen. This is the implementation plan for the medicines safety report.

Professor Nick Barber: Can I declare an interest in this? I was one of the team that was commissioned to write the report.

The President: Thank you, Nick.

Mrs Eileen Neilson, Head of Policy Development: Good morning, Council. I would like to take you back to a bit over a year ago when Hemant Patel, when he was President of the Society, set out an ambition to make Britain the safest place in the world to take medicines, or receive medicines, I think it was stated originally. One of the work streams that came out of that ambition was a piece of research led by Nick Barber and a team of other medicines safety experts under the direction of Charles Vincent at Imperial College. That report examined the current state of knowledge about medication safety in the UK and it made a series of recommendations about how medicines safety could be improved. We asked Nick and his team to particularly focus on recommendations for the new professional body and how it could take this issue forward. The report was published and launched in February of this year and a number of organisations who attended the launch received the report very enthusiastically and said they wanted to work closely with the Society on implementing it.

Now, to save your time, we had some informal discussions with those organisations before bringing an implementation plan to you here and we also went to the National Pharmacy Boards to get their input and their view of how this might be taken forward in the three countries.

Now, I have drafted an implementation plan. I am not asking you to go through the detail of that or sign it off in great detail. I would like to draw your attention to some key issues that came out of the comments from the Boards, the public liaison group, the Science Committee and the external organisations who engaged with us after the report was published just to identify some of the key themes there.

Quite a number of the people we spoke to felt that we should really focus much more strongly on what the ordinary working professional pharmacist on the ground at the front line could do from day to day to improve medicines safety. It was suggested that a number of new levers could be introduced, for instance, through the reforms to the community pharmacy contract, that would encourage and reward and support ordinary pharmacists to focus on medicines safety and the practical things they could do from day to day to improve it.

It was also suggested that we should be working much more closely with bodies such as MHRA, NPSA, PSNC, and so on, and the NHS Institute, to work with them on existing initiatives and avoid duplication in setting up parallel initiatives.

The Elizabeth Lee case has meant that decriminalisation of dispensing errors has come very much to the fore in recent months and there seems to be quite a strong feeling that the decriminalisation of dispensing errors is a very key step in encouraging ordinary pharmacists to feel confident about reporting errors but also so that at the more strategic level so that system wide changes can be made to improve medicines safety.

The Boards, I think, feel pretty strongly that implementation really needs to focus on the Board level, the country level. That will mean quite a strong focus on the Boards working with the national government-led patient safety initiatives that are under way in each of those

countries and each of those initiatives have a strong element of medicines safety. There is clearly a great deal that can be done between the Boards and those national initiatives.

At the same time there is this need for integration at the GB level, the UK level, between the Society as a whole and not only regulators and safety organisations but employers as well and the other national pharmacy bodies.

I could see some benefits from these various ways in which medicines safety might be taken forward, benefits for the new professional body, because if there is greater integration at the country level and the GB level you should get much greater media impact on these issues.

That would be good for the Society and the new professional body because it would raise its profile and raise the profile of pharmacy in medicines safety, but it would be good for patients as well, because if you can heighten awareness amongst the profession and the public on specific changes that could be made, you should actually make more impact on improving medicines safety.

So to take you finally to the actions I am asking you to consider, I am asking you to note rather than agree in detail the draft implementation plan, but to basically remit the detailed decisions about implementation on the key priorities, specific actions and time scales, to remit those decisions to the National Boards to take forward.

The President: Thank you, Eileen. Before I ask Council for that agreement, does anybody want to comment on this document? Lorna?

Mrs Lorna Jacobs: The first comment is it is great that all the work has been done and we have got to the stage of having this detailed implementation plan, and I am very pleased that it has gone through the public liaison group and got their input.

I have a simple question on resource implications. You said it should go to the National Boards once the new organisation for the PLB was confirmed. I was really raising a question of the time scale for taking this forward. Is it going to go to the National Boards to move it forward or is it suggested that it is waiting until the PLB is more under way?

Mrs Eileen Neilson: I have not suggested it should wait until the actual demerger because there is a great deal happening now under the national patient safety initiatives and the Boards are already engaging, they are getting presentations from the national leads for those campaigns. So I would not suggest any delay in the Boards feeling they can take this forward.

The President: Sue?

Mrs Sue Kilby: I have got a comment. I am not sure what work you are doing with the pharmaceutical industry because obviously they are absolutely paramount to ensure medication safety and for patients to take their medication appropriately and in the right manner. Obviously, they have a number of concerns, a number of issues, about confusion over medication. One of them is obviously the issues around brand versus generic and certain products should be prescribed by brand. I know this issue has actually come up before. I am just wondering, and hoping, that you will be working with the pharmaceutical industry. I know you have got Steve Wicks on the English Board but I am wondering what other ways you are working with. Are you working with the Pharmaceutical Marketing Society, for example?

Mrs Eileen Neilson: Thank you for that. In terms of timing, the IPG met, I believe, just before the Council meeting this week although I have not seen Sylvia who was actually going to take this paper to IPG for their input. So I am hoping to get that -- it did not happen. I will find out what is going on there. She told me a few weeks ago it was her intention to take it to IPG and that obviously it would be very good to get their comments.

Not on this particular initiative, but there is another piece of work I am doing which is about updating our work on the contribution of pharmacy to managing long-term conditions. That is for a presentation which is happening in September at an industry conference. We are also planning to publish some work that looks particularly at industry-based schemes that are about marrying up products with pharmacist input to improve patient adherence and some of those schemes have been evaluated and can be written up and reported now. Medicines safety is a key part of that. So perhaps we could talk outside the meeting to make sure we get the right inputs.

Mr John Jolley: I think this is an excellent report, nick, very thorough. The one gap I think perhaps is the linkages with industry and not necessarily UK industry. A tremendous amount of work has already been done in Belgium, Greece, Italy, on authenticating medicines to ensure that what is actually in the box corresponds to what the doctor has actually prescribed. There are certainly new systems for identifying and confirming the authenticity of medicines using new bar code systems and the one plea I would make is that perhaps we need to go beyond the linkages with IPG, perhaps into the European industrial pharmacy group, which is far more involved with what is going on elsewhere.

There is another factor, and that is unfortunately within the British Isles there are fewer and fewer manufacturers. Industry is migrating out of the UK, it is migrating out of Europe in many cases. Certainly, the European perspective has a far better handle on these issues and there was last December a notification of a modification to an existing European directive which requires greater patient information to be provided from manufacturing companies. It also requires new procedures for pharmaco-vigilance and also new measures to be imposed to be able to detect counterfeit medicines where they may exist. So I think all of these factors will only add to the objectives which are set within this paper.

The President: Thank you, John. Ray?

Mr Ray Jobling: Congratulations on the report. I think it is a very good report and I think these documents are good. Just a quick point on page 2 of 15 in Eileen's document. There is reference there to the future leadership body working closely with other bodies. Elsewhere, there is explicit reference to technicians and their organisations. I think they have got to be a key body in relation to that, not least because of the increasing role for technicians in medicines related, medicines handling issues.

Secondly, I would expect Nick to say as a researcher and to thrust forward the idea that further research is necessary, and it is. It is absolutely essential, and on these issues, medicines safety in patient homes. It can be safe until it gets to the patient, he or she takes it home, and there it is. Again, I said upstairs congratulations on the initiative to be on television this morning talking about patient safety issues in the home.

Research too, we have just had it on work force issues and there is a national initiative in relation to that which is very important.

On this issue of the pharmaceutical industry, there are references in here to patients and public being actively involved in the professional body's work. I would lay down a marker really that if there is to be a national working group which is looking at safety measures in partnership with the industry, that patients should be key representatives in that process because I think it is going to be essential.

There has been mention of Europe. Europe can be very disappointing in the way in which it approaches some of these things. There is a massive enthusiasm for direct patient communication coming out of Europe, there because that is something that is coming out of a more commercial and industrial base rather than a health or patient safety base. I think people in this country are extremely sceptical of some of these initiatives but it is being thrust forward on a repeated basis, Gerald will confirm.

So I think there are some really big issues tucked away in here and I think it has really signalled it up in a nice way and I hope that really it does go forward in implementation. Good luck with it, bearing in mind everything else that is going to have to be achieved over the next little while.

The President: Valerie, Gerald and Seema.

Mrs Valerie Turner: I may be missing the point slightly but medicines safety, one of the key issues, and I cannot find it in here, is original pack dispensing because I am sure that is one of the major safety issues that we do actually have out there. A lot of mistakes do occur because we are mixing tablets in different packs and I cannot see in here that this is being proposed as a way forward.

The other thing is also the actual quantity of medicines that the doctors prescribe. Some of those quantities are ridiculous. Patients have got cupboards full of medicines and we are not protecting them by continuing them to allow that kind of dispensing.

The President: Thank you, Valerie. Just on the issue of patient packs, just to reassure you, I am not too sure it is in here, to be honest with you, it may well be in here, but it is in the work place pressures and there will be a separate stream of activity on the issue of promoting the use of patient packs as opposed to snipping and cutting and all the rest of it. So there is some reassurance there, hopefully.

Mr Gerald Alexander: I am sorry, President, I was not too attentive during this discussion because I knew I had received an e-mail during my holiday and I had forgotten with it until the discussion. It came from PGU, Perhaps, Anthony, you might know something about the WHO world alliance for patient safety. The WHO patient safety small research grants are being -- they are looking for applications for 2009 and there are going to be a number of small research grants between \$10,000 and \$25,000. So just leading on from Ray's point, I am sure there is some further work that needs to be done and there is some funding out there in Europe and the world and I just thought it might be a good time to mention it. I can give you the website address.

The President: Thank you, Gerald. Seema?

Miss Seema Agha: Thank you. A very bold piece of work. I wondered whether there was -- two observations. There is no mention of the GPhC and I think even in the communication terms for them to know what you are doing around patient safety in medicine would be very important to involve them. The second point is around understanding more about medicines safety in the home. I wondered about linkages to people who are disabled and creating material and understanding the use and who is actually working with them and having provisional material, whatever helps them to keep medicines safer at home, whether there is any linkages around doing DDA work or people who work with agencies.

The President: Thank you, Seema. Tristan?

Dr Tristan Learoyd: I was just wondering whether doctors' dispensaries have been taken into account in the report. It talks about making Britain a safer place to take medicines. Surely it is a less safe place when doctors' dispensaries are around so I was wondering whether consideration was taken of that.

The President: Nick, I know you have declared an interest but would you like to respond to that or give us some views?

Professor Nick Barber: Thank you for the comments which are welcome. Doctors' dispensaries, where is the evidence base? There is none and we would like to get some. The paper itself, the original report, which was written last year and we did not want to predict the split and what would happen which is why we did not engage with that, but your point is right about moving it on, we were trying partly to connect -- this is a natural territory for

pharmacy. The new PLB people kept telling is they wanted to punch it above its weight in policy and this seems to be a natural area for us to go for. The public want it, which is what all this is about, and it is something where we are uniquely placed to do things about. Pharmacists development, there is a classic hard manager who says to someone "Tell me something new". Well, the problem with pharmacy is we have been telling each other the stuff we know and we have not told other people very much but we also have not been generating a lot of research in this area and I think a sign of maturity in a profession is it has a research programme that is generating new knowledge and that that is distributed. Medicine is doing that quite well now. It is really working research into all sorts of people's areas.

So part of this was just taking a high level overview, a lot of detail about things that are going to come in at later stages, making sure pharmacy was connected, saying some new things. There was novel research in the report as well.

There were some initiatives which could be done, I think, which would take us forward. Obviously, we have got to link in with the others but we do not have to be serving their purposes entirely. We need to be setting agendas, not following other people's. So I think some of the things like a pharmaco-vigilance network for hospital pharmacists for new drugs that come on the market is very, very wanted by MHRA and many other people, particularly if it broadens out into quality and economics, and so on.

Another one which community pharmacists could be involved in as well, in the sense of novelty, there is a whole area or many areas of healthcare in which we do not have good research data. Medicines and pregnant women is one of them. If there was a network of community pharmacists who have all the pregnant women who came to them, and they have the drugs which they are on and it could be followed through, we have a vast way of generating data uniquely which no one else can get at in this way. Again, we would be setting the agenda, we would be creating new knowledge.

My only not really a concern, I shall watch with interest how this moves forward with the disseminated structure of the new PLB because my fear is that we get caught up in local issues. I think ends and means are very important and in many ways we should be looking at the ends, the big things we are trying to achieve. The means will be different in Scotland, England and Wales because of local structures but the broad area we should be attacking is we should have common ends and it is really an issue of how we try and make sure that that works through and does not get lost in detail in the local Boards.

The President: I think it is a good point. It presents us an ideal opportunity to test out the principle of the Boards working together on these issues and to get these embedded in the different countries and the national basis as well. Brian?

Dr Brian Curwain: Thank you very much. I hope the Council will trust the Boards to do a good job on this. I hear all the comments that have been made and of course people like the industry are an important part. We do know this.

I have just got one comment on the very, very first thing under purpose on the front of this paper which simply says that it was "An implementation plan for *The Contribution of pharmacy to making Britain a safer place to take medicines*". It should be the safest place in the world to take medicines. Wasn't that the aspiration originally rather than a safer place? It sounds very different.

Mrs Eileen Neilson: It is different because when Jane Lawrence and I started looking at Hemant's vision, we went out and we spoke to about 14 or 15 experts in very varied aspects of medicines safety, and the advice was that that was an enormously ambitious task and you would have to move towards it a step at a time. This piece of research was very explicitly stated to be a step towards and that is why it is called the contribution of pharmacy to making Britain a safer place.

The President: Bob?

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Professor Bob Michell: I would support the original because, yes, it is ambitious but what we are forgetting is that for all the warts and problems, we have a uniquely placed healthcare delivery system, one which is increasingly recognising its preventive duties as well as its fire brigade duties and frankly, a country with a well run NHS is potentially best placed to be the safest place to take medicines, that should be the aspiration. We are not aiming for British athletes in the London Olympics to run better than they ran in the last Olympics, we are aiming for them to win.

The President: Thank you, Bob. We need to move on. I am sure the conversation will happen outside of the room with the prospect of coffee in mind. Could I ask Council to note (i) and agree (ii), please? (Agreed) Thank you very much. Can we be back promptly, please, at 11.05 am? Thank you.

(Short adjournment)

Regulatory matters

10. Pharmacy Regulation and Leadership Oversight Group (PRLOG)

The President: We are on item 10, regulatory matters, which is paper 76A, the PRLOG update, and Wendy will just very briefly talk to this paper.

Mrs Wendy Harris: Thank you, President. Council, you have before you a short report of the last PRLOG meeting. I use the word last quite carefully. Originally, Ken Jarrold had seen that this would have been the last meeting and he intended to hand over his baton to the newly appointed chair. Many of you who will have met Bob Nicholls at breakfast this morning and will have heard from him. He has asked Ken Jarrold to chair one further PRLOG meeting before that handover takes place. Bob believes that he is too soon in office to be making decisions given that he is but the only person that has been appointed to GPhC thus far and that PRLOG should continue. So there will be further one further PRLOG meeting which is scheduled for 5 November. I read nothing into that date whatsoever.

Just a little bit of feedback about the PRLOG meeting that took place. There was a very positive mood around the table. The Department and PRLOG members were very pleased that the Department of Health's response to the consultation of the section 60 order had been completed and published and that the timetable remains on track.

Also it was pleasing for the Society that we were starting to see use of language of words that the Society were keen to put towards PRLOG and I am referring in particular to the outsourcing of services so, in other words, the corporate or shared services for GPhC, and that adoption of the language that is being used here.

In terms of outcomes from that PRLOG meeting, there has been a communication strategy group initiated which is joint membership between the Department of Health, the embryonic GPhC, the Society and some of the other pharmacy representative bodies really concerned, and I think it addresses the question that Dorothy asked Bob this morning, around how we communicate with members and registrants during this period of change.

Standards workshops are continuing. They are midway through in terms of a wide stakeholder consultation but particularly with our members and registrants on the standards that will be enforced by GPhC in the future and again, as you have heard this morning, there are some parallel workshops running for patient and public involvement to take there.

I did present the business continuity paper which you know I prepare each PRLOG meeting and either yourselves or The President: signs off. There I did point out the demand that is being placed upon the regulation directorate. We are charged with maintaining business as usual. We are the regulator. It is important for us to conduct the business of the day. But there is a growing resource demand placed upon us both to help with these standards workshops and other pieces of work that are necessitated by the formation of GPhC which do

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mean that we are very much at full stretch and I needed to highlight that to PRLOG really to see if they were willing to look at ways that we might work more smartly as a regulator now or that they might provide further support to me and the directorate such that we can fulfil all of these at the highest level which we have been achieving thus far. Thank you.

The President: Thank you, Wendy. Jeremy, do you want to make a comment?

The Chief Executive & Registrar: Thank you, Steve. Just, if I may, to add two things. One is that both Keith Ridge and Ken Jarrold were very complimentary of the Society at the last PRLOG meeting not just on the business continuity and regulation, which is a credit to the regulatory team, but also on the work that we are doing on the professional body and the progress that has been made recently.

They were really very positive about that and encouraged that we are moving towards the demerger with some pace now and a level of confidence both amongst the profession and amongst the policy makers.

The other point I just wanted to make is on pensions, which is section 2.6 of the paper, which remains a very important issue but we are making some progress on that. Subsequent to this paper being drafted, Bernard had a meeting with the trustees and the Department of Health actuary at the end of last week and we are looking at the possibility of a sharer fund, as it is called, bulk transfer from the scheme into the NHS scheme for those staff who are transferring to the GPhC. So there are no guarantees yet but we are making progress and I think if that transfer were to take place it would be very helpful to all concerned.

The President: Thank you, Jeremy. Marcia?

Mrs Marcia Saunders: This is a very high level and very succinct report. Thanks for small mercies. First of all, the pensions, I was going to ask if we could have a bit of amplification on the system. I did want to call attention to the fact that it is high level and succinct but there is quite a lot that I am aware of that has been going on, much of it actually reflected in the CHRE report which we noted at the last meeting. We did not actually look at it in detail but you will see if you do look at it in detail that the CHRE commended this organisation for its progress. In fact, I have now read all the reports and I think we probably come in third out of about eight reports and it is interesting that the strength of the CHRE report is probably proportionate to the strength of each profession, so pharmacy third after doctors and dentists is not doing badly at all. I think Wendy and her team deserve many congratulations on that.

The particular things that I wanted to highlight was the progress on things like training of inspectors, which has moved on a pace, the work on CPD, and particularly the success of the case management project which Wendy and colleagues have led and which has come in on time within budget. It is probably a first in long experience that I have had with IT or information management systems. I think coming in on time and under budget is extraordinary so I would like to congratulate you on a lot more that is not in this report.

The President: Thank you, Marcia. Alan?

Mr Alan Kershaw: Thank you. Just on pensions, I wonder if Jeremy could expand on whether there was any discussion at the recent meeting about what could easily become the lost tribe of pensioners, that is the staff who are not transferring to GPhC, because the position of the pension fund in that is something we have got to secure, and I declare an interest as trustee, but it is of interest to us all because it is something that is central to our care of the organisation.

The Chief Executive & Registrar: Absolutely. We have not lost that tribe at all. I was not actually at that meeting, Alan, but we are very conscious of our obligations to those members of staff who will remain in our own scheme here although it is closed to new entrants. That scheme is closed to new entrants. We are looking at ways of managing the deficit effectively. There is absolutely no backing off from that at all. The issue I mentioned before is in relation

to those staff who are transferring to GPhC and therefore become eligible for the NHS pension scheme. If we can manage that transition such that there is a bulk transfer of the assets and liabilities associated with that share of the fund, then that might be advantageous for all parties.

The President: Thank you, Jeremy. Kay?

Mrs Kay Blair: Just a very quick word of caution. I notice under 2.8, support functions, a very sensible suggestion, and it was touched on this morning, about outsourcing the services and I think under the shared services agenda that is a very good idea, but subject also to the view that outsourcing services must not actually swamp your service to such an extent if you are the professional body and these are actually your departments and reporting lines, et cetera. So it was just a word of caution but I am sure, Jeremy, you are smiling so you are probably taking that on Board anyway.

The Chief Executive & Registrar: Thank you, Kay. I could not agree with you more. We have made the point that the professional body is not going to suddenly turn itself into a facilities house. We are looking to outsource functions for reasons of efficiency on both sides but also on a purely commercial basis so that the professional body can secure a margin that makes commercial sense and the GPhC can secure those services at a price that it thinks represents good value for many

The President: Gerald?

Mr Gerald Alexander: Thank you, President. It is just around pensions. It is just I would like to know the situation in relation to the trustees and their attitude or their recent understanding of what is happening in relation to the discussions between PRLOG through the Chair and the Society.

The Chief Executive & Registrar: I am sorry, Gerald, the discussion between the GPhC -- can you repeat the question?

Mr Gerald Alexander: The relationship between the DoH and the RPS in relation to the pension fund. We have trustees who are responsible for the pension fund at the Society. I would like to know what their current position and opinion is as to the state of play in negotiations between the two of us, please.

The Chief Executive & Registrar: I cannot speak for the pension fund trustees. I am not a trustee.

The President: Alan, do you have any up-to-date information?

Mr Alan Kershaw: I am not briefed to speak on behalf of the trustees today so I cannot give you a full picture but our concern has been to secure the safety of the fund given the changing position of the Society as will be in future and so, as far as I am concerned, and I think I speak for the rest of us, we were very happy with the solution being found for the staff transferring to GPhC because they will go into the NHS scheme. I do not know what the latest discussions have been, I will hear about that shortly, but they may have the option of deferring their pension, freezing it until they want to take it, or be transferring their pension entitlement into the NHS scheme. It is the potential position of the Society that emerges as the new professional body and it is in a different position from the RPS where people have had to join so there is a guaranteed income stream. There is not for the professional body in future and, although everything is pointing to success at the moment, we need to be sure that for the long term the pension fund is secure and that the new employer will be able to meet the employers' covenant towards the scheme. We have drawn the situation formally to the attention of the pensions regulator and have encouraged discussions with the Department to see what ways forward there may be to secure the future of the scheme and, as far as I am aware, the discussions that Jeremy is alluding to are part of that process but I have not been in on all of them either so I cannot brief you on them.

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Mr Gerald Alexander: I am afraid, President, that was my initial question in order to get some information. What I was really worrying about and concerned about was the potential for the trustees to wish to crystallise the debt and the liability and the burden that would fall upon the Royal Pharmaceutical Society's balance sheet and how that would be met should the debt wish to be crystallised because of the arrangements that we may come to eventually with the Department of Health. It is just a concern that that would affect the viability of the new professional body as a result of some difficulties with its funding. Thank you.

The President: Alan?

Mr Alan Kershaw: I do not want this to become a dialogue across. I think the threat is both to the fund and to the new body. It is not just one way. Could I suggest that we have this as an item for the next Council meeting and in confidential business, if I may, because there are very sensitive issues here?

The President: I think that is a good suggestion, Alan, and also I think if Bernard is around later on, maybe off line, Gerald, a conversation with Bernard would give some more information. I realise Jeremy was not at the last meeting.

Thank you, Wendy, on the PRLOG update.

11. Addition of a temporary case type suitable for non referral to the Investigating Committee to be used in the even of pandemic influenza

The President: Can we move on to item 11, please, which is paper 77, and invite Sarah and Andrew?

Mrs Sarah Billington, Chief Inspector: Thank you very much. Hopefully, you have all had an opportunity to have a look through if only briefly the paper. The purpose of the paper is to allow us some regulatory flexibility for events that will happen during a pandemic. It also is to reassure the profession and the public and patients that we will differentiate between actions that people take during pandemic and actions that could be viewed as self-serving or possible misconduct. It is worded in such a way to give us maximum flexibility to allow us to respond effectively to guidance that currently perhaps is in draft form or has not yet been written so it will be a little bit clearer as we go through the paper. I do not propose to read all the way through it.

What we are wanting is a new temporary case type suitable for non-referral to the Investigating Committee to be used only in the event of a pandemic. Now, the non-referral process is something that you are all very familiar with so I do not propose to go through that. You have a report today at Council that explains how we have been getting on with the non-referral process.

In the event of a pandemic, which will be declared, there will be changes to legislation and there will be national guidance for pharmacists. Currently, the Department of Health in England have produced some draft guidance and this was the basis of the work that we undertook. There will no doubt be guidance from Wales and Scotland in due course, if it has not already been produced.

We have tried to pull out of that guidance those things that are anomalous, things that cannot currently happen that could happen in the event of a pandemic, and that is when the normal supply chain breaks down. We have pulled up the key elements today, which is the supply of prescription only medicines not in accordance with a prescription, which is a very broad based example, the supply of patient returned medication, which will be enabled in the draft national guidance that is currently available from the Department of Health, and the supply of out-of-date medication.

Now, the patients and public will be alarmed by being given perhaps out-of-date medication or medication that they might perceive as being returned from patients so it is important that we

put in place something quite clearly, and this is in the public part of the meeting, that we recognise that what will happen as a pandemic is exceptional and that during that period of pandemic we must support the profession in taking the right professional judgments. We must also have a response for people who, even when it has been explained to them, are still very unhappy to receive patient returned medication and expired medication or perhaps receive their medication in a way that is not familiar to them and will bring a complaint or make an allegation against a registrant.

That is the purpose of this paper today. It is for us to be able to differentiate between those two events and act appropriately and proportionately to each of those events. So if you look down to the use of the non-referral, what we are proposing is that you have a very broad based temporary case type which you agree to that says we will look at events relating to the sale and supply of medicines during a period of pandemic flu. As you will know with a non-referral process you have a case type and then Council has agreed certain examples within that case type as suitable and has given its discretion to consider new case types. So we have pulled out the three case types we know are likely to cause us some concern and that is the supply of out-of-dates, the supply of patient returns and the supply not in accordance with the usual prescription requirements.

Now, if you wish to turn perhaps to page 11 of 12, it is clear that if a pharmacist is acting within the guidance during a pandemic, then there is no impairment of fitness and there is no misconduct and we want to be able to close those complaints and allegations down and say actually nothing inappropriate has happened and, whilst we are very sorry this event occurred, people were acting within the guidance. We also want to reassure the public that if a pharmacist or a registrant took the opportunity to act outside of the guidance, that they would be dealt with appropriately. So if it is within the spirit and the intent of the guidance the case will be looked at and either it will be non-referred or it will be closed or it will be referred to IC, should it be discovered that it was acting outside of the intent. I suppose that is really the basis of the paper.

The President: Thank you, Sarah. Alan?

Mr Alan Kershaw: Thank you, President. This must make sense and I do not think it requires debate, quite frankly. If there are things that have to be said to modify the proposal, then let us say it, but in the spirit of moving on I suggest we suggest this. We are talking about exceptional situation. It is not only if there is a pandemic, which presumably there will be, but also if someone acting within agreed national guidelines that we should not have to go through the panoply of the disciplinary process to dismiss the case. That is what is being proposed. It is clear that abuse of national guidelines can still be punished and I see no reason for us to reject this. So I suggest we accept it in full.

The President: I do have four people who want to make a comment. Cath, first of all, and then Phillida.

Mrs Cathryn Brown: I have just got a question and I am sorry for not asking you in advance, Sarah. I am just confused why there are two different procedures for out-of-date versus patient returns. Out-of-date, you have acted outside the spirit, it is non-referred. Patient returns, you have acted outside the spirit, it is referred. Why the difference?

Mrs Sarah Billington: It comes down to what the current non-referral process is. We clearly have a non-referral process for out-of-date medication and that is currently a case type that is acceptable. We did not want to introduce a third case type. That is for a separate debate as to whether as we expand the non-referrals, whether we want to include that, but somebody who in a national pandemic chooses to use patient returned medication, that allegation may amount to impairment of fitness to practise.

The President: Thank you. Phillida?

Dr Phillida Entwistle: Two questions, please. I wonder whether the GMC has any similar proposals. Secondly, you mention about complainants --(inaudible)-- alternative sources of assistance. What are those?

Mrs Sarah Billington: That is the standard wording we used when we set up the non-referral process for those allegations that come to us where we cannot assist them and we are not going to progress that complaint. Basically, it does not amount to impairment.

We will take it on a case-by-case basis as to where we would refer them, possibly the PCT, back to the organisation where they have been provided, to the Department of Health website, which will clearly set out the guidance for them to look at. That is just so that we do not just say we are not doing anything and fall silent on it. When we say we are not doing anything, we also try and help the complainant get their problem addressed elsewhere. I think it will be about informing people.

Dr Phillida Entwistle: I wondered whether the GMC are doing anything similar.

Mrs Sarah Billington: I have not asked them that specific question but I will do so.

The President: Thank you. Bob.

Professor Bob Michell: Thank you, Chairman. I think it is admirable that this has been trundled out ready for use. I have no quarrel with the detail. In any case, quarrels of detail are more likely to come from pharmacists who understand the detail better than I do.

I do have a quarrel with the semantics and I think the quarrel matters because it influences when these rules come into action. The comment I am going to make is relevant to several sentences at different point in the paper. Whatever the Secretary of State may think, he does not have the power to declare a pandemic. That rests with the WHO. What this paper is actually about is an epidemic that exceeds a certain intensity in the UK. So there could be a pandemic that affected Australia, Asia, Africa, but did not affect the UK at all. Equally, we could have an epidemic that did not affect any other country, was not a pandemic, but would create precisely the chaos to which this paper is addressed. This is about an epidemic. The fact that it is a pandemic relates exclusively to its global impact and the judgment on that resides with the WHO, not with the Department of Health, whether or not they think it does.

The President: Just on that point, Wendy, you wanted to come in. Could you come into a microphone for the stenographer, please?

Mrs Wendy Harris: Whilst Professor Michell is correct that this is a WHO called pandemic, within that all member states then make their own calls as to how they will implement and at what pace they will move up through the different aspects of provision of care and civil unrest, transportation, anything else that they may put in place for an emergency situation. So whilst a pandemic has indeed been called by the WHO, it is actually the government of this country that will declare when we move to an emergency state which then requires that we would introduce these non-referral criteria.

Professor Bob Michell: I am sorry to come back on this but the Minister of Health has already implicitly criticised the Chief Medical Officer for cranking up public anxiety on this and pandemic carries unnecessary sinister implications. This is about the impact of a disease on the population of the UK. The impact of the disease relates to how many people in the UK are affected and how badly, and the correct word for that is an epidemic. We should not indulge in scientific matter, in humpty dumpty semantics, in other words, the word means what I want it to mean, not what it actually means. This is about an epidemic. Whether or not it is a pandemic is actually clinically irrelevant.

The President: Gerald, please?

Mr Gerald Alexander: I have heard what possible is saying. That is not my comment but I appreciate the point. I think the WHO has already declared a pandemic and an epidemic could last 12 weeks and that is when the government would declare a pandemic. So I think that might help.

I am very supportive of this, as you probably would guess. Any alleviation of referral as a result of problems that occur during this period of time, I think we need to say that rather than the other word, would be beneficial to our professional colleagues acting in the best interests of patients. So, yes, I support it and I am sure we could all put our hands up.

I have another question. I was in discussion yesterday with Paul Bennett, who is the superintendent of Alliance Boots, and he asked me a question which I could not answer and I just wondered whether, as a regulator, we would be considering relaxing the issue of supervision during a pandemic. It is a question that I do not know what sort of work is going on in the directorate and I would like to know. Do you have any thoughts on that?

Mrs Sarah Billington: I have not been asked that specific question but, if we accept the wording that I have put, then it gives us the flexibility to consider that without having to come back to Council because it would be using our discretion to consider events during a pandemic specifically.

Mr Gerald Alexander: Because that would be some comfort to community pharmacists who would be working under extreme stress in such circumstances.

Mrs Sarah Billington: In exceptional circumstances. I think that the driver for this is being able to look at exceptional circumstances and to allow people to make professional judgments that they would not be able to make or would not have to make at other times.

Mr Gerald Alexander: So it is almost a blanket coverage during a pandemic. If you make a good professional judgment and you act within the best interests of the patients, obviously the regulator of the Royal Pharmaceutical Society would look more kindly at such infringements?

Mrs Sarah Billington: We would look appropriately at it.

The President: Thank you, Sarah. Sue?

Mrs Sue Kilby: Really it is to pick up on Bob's point because when I looked at this, I thought pandemic, we have already been declared a pandemic, and therefore as soon as this is agreed they could actually come into force, these activities. So I think we have got to actually communicate it very carefully back to the membership. There is obviously confusion as to whether they think they are in pandemic or not in pandemic. So that is one point.

The other thing which actually strikes me is about professional indemnity insurance and if we are actually pulling people back into practice to actually work and whether you are going to relax around that as well or that is not going to be considered or is not an issue or it does not fall under your remit. I would be assisted by some guidance on that.

Mrs Wendy Harris: At the moment we are in discussion with the Department of Health and the providers of indemnity insurance specifically to look at what are the indemnity requirements for those who we may move within or across our current registers. I do not have any more information to bring you than that other than we are working towards that to make the best possible solution.

Mrs Sue Kilby: Thank you.

The President: Ray, please?

Mr Ray Jobling: I agree with Alan. I cannot see any reason why anyone would oppose this. It is just absolutely right. I think if anyone asks for an example of response of nimble

regulation, here it is. If this team needs permission and sanction from us to go ahead and continue to act in this way, I think they should have it because that is where the public interest lies and I think that supports the profession in that respect.

The President: Thank you, Ray. So with clarity around what the trigger would be for introducing these provisions, whatever the words we used, if we are certain what the trigger would be to introduce the provisions, then Council are happy for this to go ahead? (Agreed) Thank you very much indeed.

Mrs Sarah Billington: Thank you.

12. Reference from Education Committee

12.1 Code of Conduct for Pharmacy Students, Code of Conduct for Pharmacy Technicians and Fitness to Practise in Schools of Pharmacy

The President: Item 12, please, reference from Education Committee. This is 12.1, paper 78. Sue, were you going to lead on this?

Mrs Sue Kilby: We were asked by Council to actually look at the specific issues. I think first of all I have to ask Council because a number of us are quite long in the tooth and it is quite a while since we were actually students, and the situation has changed a little bit from the time that we were students to what the current situation is actually now, if nothing more than the fact that obviously students are now spending more time actually working in the work place as part of their MPharm course but also things like the internet. In fact, I did not use computers when I was at university. They were there but they took up whole rooms in actual fact back in those days. So the circumstances are a little different from the time that some of us looking around this table actually studied.

The intention of this is not to actually clamp down and stop students have actually having a good time and enjoying themselves because that is all part of student life and it is all part of growing up. What is really important is actually that they start to develop a professionalism as they move through so they move through from being students into being pharmacists with a professional understanding and what that actually means in practice.

The intention is not to have the GPharmC actually administering running the fitness to practise but this will actually be undertaken within the schools of pharmacy, and it seemed very much as a hands-off approach and very much as we do not want to or are not looking to actually register students at this point in time.

The work has been undertaken by two consultation groups, one of which was actually headed up by Alan Kershaw who headed the student code of conduct and the other one was led by Sylvia Hikins for student fitness to practise. There was very broad representation on these groups. We had members of the BPSA and I really do have to thank the BPSA for their involvement and their work on both these pieces of work. We also have QHOPS and, again, they were very actively involved with these two pieces of work, and there was broader representation as well. So we have had good input into the actual development of it. We have then gone through quite an exhaustive process of actually going out to consultation and we have enclosed the responses to the consultation. Again, I have to thank Damian and Janet Flint for looking after the technician side of it as well for the work that they have actually put in and in actually pulling back the consultation reports in here, on top of which all this work actually then went back to the Education Committee and there is quite a number of people from the Education Committee who have actually sat and looked at this work. Thank you very much. We have the endorsement of QHOPS and the endorsement of BPSA for the two pieces on the student work.

Since going to education, we have also had the PSNI who have actually asked to endorse this piece of work as well for the Northern Ireland schools of pharmacy. QHOPS does cover Northern Ireland, BPSA does not at the present point in time. It means that we hopefully will have one system in place across the UK.

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I know Alan would like to say a few words about the process and what is actually happening here and I am sure Damian will want to pick up on a few words and I think it is important we hear from Gemma briefly on this from the student's perspective.

The President: Thank you, Sue. Alan first.

Mr Alan Kershaw: Thank you, President. I do not want to prolong this and I will not repeat what Sue has just said. The whole process, we did work very closely together with the working groups. In fact, we each devoted a meeting to the work of the other so we looked very hard and tried to make sure that they were dove-tailed together, they fitted together, and made one piece and gave one message. That is that the whole thing is not about students not having fun, it is not about the whole panoply of the regulatory system being brought to bear on them when they are not ready for it, it is not about them on day one as a student having to behave as if they are a fully fledged pharmacist or to impose on them burdens they are not yet ready to bear. It is about inculcating a spirit of professionalism, helping them to understand what that is.

You will see in the code, which is based very closely on the code for pharmacists and technicians, it is not about doing something, it is about learning to do a lot of things. There is a lot in there about learning, bearing in mind, starting to understand. It is written from the point of view of a developmental exercise so that when they come out at the other end they are fit to enter a profession, not just able to pass exams. The message there to the schools is, as has been true of medical schools in the past, you cannot hide behind the statutes which say, if someone passes the exam, that is it. It is about understanding that when you certify that someone is fit to enter a profession they really are and we are avoiding the situation where later on in a conduct case someone says "How did this person ever get into the profession?" That has been heard in my hearing in several places before. So this is about a development from day one as a student into being ready to enter a profession.

The intention is the code will be introduced now with the Council's permission today and the fitness to practise procedures, which are not incidentally ours, these are model procedures for the schools to follow against which we will accredit them in future, to be introduced a year from now to give them the time to get the necessary structures in place but certainly give them time to be thinking about what they need to do. It is also about dove-tailing their codes to what our code says because some have pretty good codes which we drew on and some have fitness to practise procedures that can either come straight into being or be modified to fit what we are calling for.

So I think it has been very much a partnership exercise, a very encouraging response, and I hope the Council will endorse it today.

The President: Thank you, Alan. Gemma?

Ms Gemma Donovan, President of BPSA: I really want to echo what Alan has just said. It has been great to have student involvement so early on in the process of constructing these documents and certainly they are very appropriate. It is very good in the sense that it does put on paper an awful lot of stuff that we are told as first years but it is much clearer on how students are expected to behave when they are going about their working practices and also as a student and what is actually expected of them.

Again, it does get to the point of the register, when you sign that piece of paper on your pre-reg, that you do not hit the problems because they have been sorted out at a much earlier stage. Certainly, much of the executives that I am working with at the moment have been involved in the production of these documents and they are very happy with what they actually say and it is all in the implementation. The fitness to practise guidelines are, again, very good at talking about implementation being proportional to the year that you are studying and those kind of considerations which are very important because, at the end of the day, a

first year cannot be expected to behave the same as a fourth year. I am personally very happy to be able to endorse it with the BPSA.

We have also been assured that the BPSA will have guidance so that if students do come to us with concerns we can respond to those concerns and make sure the message that students are getting across the board both from the BPSA and the RPSGB are very much the same messages. So hopefully it should all go well.

The President: Thank you very much, Gemma. Damian?

Mr Damian Day: Thank you. I think I will explain the likely next steps because obviously I think one of the themes that came out of the consultation was how we properly implement this. I think that is entirely understandable because whenever you have something new there is always a certainly amount of anxiety about the unknown. If you reflect on other similar issues, that is what has happened initially. If you think of say equal opportunities legislation or disability legislation, everybody was worried at first that it would be disabling, not enabling, and I think we have written everything in a way that it should be enabling and that is the message that we will get across.

So it will start with an article in the Journal on 15 August because we have had quite a lot of comments made so we thought it was only fair that we responded. There were a number of letters and a number of articles. So the respondents are clear that we have actually listened, that article will look at those issues. Then we will send the code to all students. We thought for the first year every student should have one in their hands on day one. After that, it will become a web document as are most things nowadays.

We are also writing guidance. That is for the students' association and also for schools because there will be particular phrases or concepts that are harder to understand than others. So we will not just leave schools and students to it and obviously, if they want us to speak or run workshops or anything like that, that is absolutely fine.

Something else, and I think this matters a lot, is that we will be running a workshop in December run by Mary Timms, an experienced solicitor in this area, for academics in schools. So we want to make sure that academics start the 2010/2011 year with state-of-the-art knowledge. Obviously, these issues move on because over time you accrue case law and so things change subtly but we know what the state of the art is at the moment in law and all schools will be helped to understand that because in some schools there is a lot of experience, in other schools there is less. So I think this is really our end of the bargain. We will actually help the schools to understand absolutely everything that we know about this area and then our plan is to run annual seminars later on and we are also thinking about a web resource as well. Obviously, all these things are expensive but I think they are worth it because it all comes down to flow of information and understanding. I think the initial anxieties are about that, about not knowing at this moment. So I think in the phase for implementation it will all be about dissemination, sharing information, and allaying fears.

The President: Thank you, Damian. Keith?

Professor Keith Wilson: Obviously, I am here to represent academic pharmacy so just to confirm really that this has been extensively discussed within the academic sector, it has been through QHOPS, it has been supported by QHOPS and the academic pharmacists' and there is no dissent from it. So I would certainly recommend it to Council.

In terms of the level, I think it is appropriate because it does, as Damian says, state the principles without going too far down into the detailed processes which have to be worked up within individual schools through their own systems.

I think the implementation proposals are excellent because the code of conduct comes in immediately. That is the easiest to implement technically within the institution. The fitness to practise procedures, and I come from a school which has less in terms of fitness to practise

procedures because we do not have medicine or nursing, they need to be encapsulated within the regulations and so they take time to work through the system. So the phasing of code of conduct this year, the full fitness to practise next year and auditing of the process through the first year fits very well with schools.

I think we are talking about a very, very small number of students that this will affect but it does put in place something which has been missing.

We have had an agreed obligation to communicate to the Society when there are issues about a student. That, in the current world, is not acceptable. It has to be backed by a regulatory requirement and that requirement has to come from the regulator. So this actually puts in place something which many of us have been asking for, for some time.

The President: Thank you very much, Keith. Steve?

Mr Steve Acres: In the course of my work with pharmacy technicians across the country I regularly come across large numbers of pharmacy technicians who have no understanding about the fact that they are healthcare professionals and often do not behave like healthcare professionals. It is incredibly important, in terms of the principle, that this is embedded right at the start of their career and I strongly support this paper.

The President: Thank you, Steve. Marcia?

Ms Marcia Saunders: I was actually going to make a point about the definitions but Steve made it. There is a general question I wanted to raise in relation to a specific paragraph where you are commenting on the other comments received because I think for me it raises an issue of definition and perhaps principle. It is page 51 of 67. It is the second full paragraph beginning "The danger in not assessing applicants". It is the final sentence which says:

"There is also a purely practical point in the health area that an adjustment to premises which causes no problem to a School of Pharmacy might be wholly impractical in any local hospital."

It seems to me that that appears to assume that disability is synonymous with ill health and actually that is not necessarily the case. In fact, it is rarely the case. You need to distinguish between health and disability. There may well be problems with adjustment to premises in the schools of pharmacy but hospitals are subject to the Disability Discrimination Act and they should be able to accommodate most disabilities. My main concern is about the apparent synonymous use of the words -- I am sorry, the inclusion of disability in the term health.

Mr Damian Day: That is not our misunderstanding so we understand the difference and we have made that clear in our guidance. The misunderstanding is somebody else's. It is the respondent's misunderstanding.

Ms Marcia Saunders: I misunderstood the section entirely because I thought this was your responses to the comments.

Mr Damian Day: I will check.

Ms Marcia Saunders: Most of them are responses to the comments rather than the misunderstandings. There are misunderstandings in the questions but this particular clarification seems to me to –

Mr Damain Day: As I was not the author of that analysis I will raise that with the author himself, if that is OK.

The President: Thank you. Yvonne, Ray and Bob.

Miss Yvonne Liddell: I just wanted to support what Steve said. I remember doing my training to become a pharmacy technician, particularly law and ethics, and there was no

mention of a code of conduct greatly in there. You had your law and ethics booklets and everything that you had to follow but there was not actually a code set out in there. The amount of technicians that come through, trainee technicians that come through, just now that do not apply to the code of ethics is actually quite frightening. So, as Steve said, if we can get this in at the very start it will make them better technicians and it will make better pharmacists in the future.

The President: Thank you. Ray?

Mr Ray Jobling: I think Alan has put it really very well. It is really about the way in which you help people become a professional and so in that respect this is extremely important. It is as important as anything else which is going on at the present time. It is about setting a culture and the students have responded excellently to this. They see that this is what it is all about. You are going to help everyone. A few will find that the system at the end of the day, through the procedures, will bear down on them but it will be a tiny number. If the thing works, that number will be very, very small. That is the experience in medical clinical schools.

I have just got one question, and I think I know the answer but I want it to be on record. New pharmacy schools, and there always seem to be new pharmacy schools coming on stream, will be part of this system and will be expected to have it in place. MR DAY: Yes.

The President: Thank you. That is on the record. Bob?

Professor Bob Michell: Thank you, President. Page 24 of 67, paragraph 5.24, it is not a big issue for me but I have seen so many examples of where wording with subsequent interpretation takes on a rigidity which was never intended so I really ask a question. It says that schools must allow students to be represented or to have a supporter present. The meaning of 'a' is that it can be one and no more than one and I wonder if that is intended. Certainly, I can recall instances where a student's case was well represented because one heard from a student who, for example, was a flat mate and in this sense a supporter and knew the character of the student well and also obviously from the tutor who is the person who has pastoral responsibility. So all I am suggesting is that unless that is intended to mean that there should be no more than one supporter, that wording might be adjusted.

Mr Damian Day: I think that is mixing up witnesses and supporters. So I think what we mean is if you would like somebody there for moral support, to have one, but you would always have as many witnesses as you wished.

The President: Thank you very much for a good debate. A really good piece of work. Thank you very much to all those involved. Will Council agree (i) through to (iii)? (Agreed) Thank you very much, Council.

13. Reference from Law & Ethics Committee

13.1 Addition of non-compliance with Responsible Pharmacist requirements to the list of cases types suitable for non referral to the Investigating Committee

The President: Can we now move on, please, to item 13.1. 13.1 is a reference from the Law and Ethics Committee. I am going to ask, in David's absence, Seema to just lead in on this and with Council's agreement I propose to move 13.2 into confidential business for reasons which will become evident later on. Thank you, Seema.

Miss Seema Agha: Thank you, Council. You should have before you paper 79, addition of non-compliance with responsible pharmacist requirements. I am just going to do a very brief opening and then Sarah Billington, Chief Inspector, will answer any of Council's questions.

The Committee considered at its meeting in July and agreed the Society's regulatory response to the introduction of the responsible pharmacist requirements. We are recommending that a new case type is added to the type of cases that are suitable for non-referral to the Investigating Committee.

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This case type would be called responsible pharmacist. The Law and Ethics Committee are wholly supportive of this proportionate and risk-based approach, the implementation of responsible pharmacist requirements, and now Sarah will provide a brief background and answer any further questions. Thank you.

The President: Sarah?

Mrs Sarah Billington: Thank you. This is a significant piece of work for us. We needed to develop the regulatory framework ahead of the responsible pharmacist legislation coming in. I just want to emphasise that this paper is just one small part of that regulatory framework. This is not the total regulatory framework. So setting aside what the inspectorate will do in monitoring and setting aside what the inspectorate will do on advising, this is for when people have complained or information comes to us that there is non-compliance with the requirements of the responsible pharmacist.

So what we did was we looked at all the elements and requirements of responsible pharmacist and mapped it, because these are new areas of non-compliance, to the Code of Ethics and Standards and the legislation that we currently have a regulatory framework for. Where there was a match we have mapped across our regulatory response to that. Where there was not a match, we have introduced our regulatory response. That really underpins what brought about this paper.

What we want to be able to do is look at the non-compliance for responsible pharmacists and come up with an appropriate response. Some of the mapping showed us that our current response to similar activities, SOPs, and such like, is a non-referral process. So we wanted to ensure that those people who find themselves non-compliant with responsible pharmacist requirements can have their cases considered under non-referral should that be appropriate.

I am not sure what level of detail you want me to go to. Perhaps it might be better if people just brought their questions to me because I know the Law and Ethics Committee have done the more vigorous debate.

The President: I think that is appropriate, Sarah, thank you. Any questions on this? Bob?

Professor Bob Michell: Thank you, Chairman. There was just one of the examples that seemed strange to me so I wonder whether you could explain a bit further why it lies in the category. It is on page 12 of 17. This is an example therefore of something that would not normally be referred to Investigating Committee. It is example 2 in the biggest box of all, failure to regularly review pharmacy procedures at least once every two years, I can understand that, you just tell them to do it and make sure that they do, but this is the one that troubles me, "And following an incident or event which indicates that the pharmacy is not running safely". Why would that not be referred to the Investigating Committee?

Mrs Sarah Billington: I think what we do is we consider it as a non-referral and if there is an element that is suitable for referral it will go. I think what we currently have is standard operating procedures as a non-referral example. So if the allegation is there were not SOPs and someone believed that this had placed the pharmacy at risk, then we investigate and –

Professor Bob Michell: I am sorry, that is completely different. Standard operating procedures are precautionary and a pharmacy with inadequate SOPs might run for years without a problem. This example relates to where the system has broken down, something has happened. This is an aircraft where an engine caught fire, not one where the fire safety SOPs were inadequate. I cannot conceive why you would not refer a case where there has been an incident or event which indicates that the pharmacy is not running safely. That is evidence.

Mrs Sarah Billington: I see, yes. OK, I think I am unpicking this. The requirements of a responsible pharmacist is that they must review the standard operating procedures every two years or after an event that has called into question the safety of the pharmacy. So it is not the safety incident in the pharmacy that is non-referral, it is the failing to review the standard operating procedures that is non-referral. So the events, the safety event, will be looked at as whatever that event is. It is the aspect of then not updating your standard operating procedures that is the non-referral. So it is the paper exercise that must take place after a safety event has occurred, not the safety event itself. So the allegation is they have not updated their SOPs and something happened in the pharmacy.

The President: It is ambiguous in here. The wording is, to Bob's point, ambiguous.

Mrs Sarah Billington: I would be happy to correct the wording and make it less ambiguous but that is the spirit behind it. It is not the event but the technical aspect that is the responsible pharmacist requirement.

Professor Bob Michell: I think my perception needs to be dealt with so that no one else can make the same mistake.

Mrs Sarah Billington: Yes, you are absolutely right, and thank you for drawing that to our attention.

Ms Marcia Saunders: As a member of Law and Ethics, I want to say that I think it is a fair cop and I think your explanation is absolutely fine and it needs to be –

Mrs Sarah Billington: I am sorry, you have got me there. Having gone back to what the responsible pharmacist requirements are, I now understand why we wrote it like that but you are absolutely right, it is not clear enough, and we will amend it.

The President: Tristan.

Dr Tristan Learoyd: Like the rest of the profession, or the majority of the profession, I am confused over this and I think it has been brought in too early. Example 2, can you just confirm to me that it would be the responsible pharmacist that is responsible for example 2, the one that Bob has just pointed out, even if the responsible pharmacist is different every single day because the staff is being run off locums?

Mrs Sarah Billington: I beg your pardon, I am sorry, I did not --

Dr Tristan Learoyd: Even if the responsible pharmacist is different every single day of the week because it is run off locums, which one of the responsible pharmacists would be held responsible for example 2, which one?

Mrs Sarah Billington: It all depends on which registrant the complaint or allegation has been made against. Remember, this is just part of the regulatory response. It is responding to when a member of the public or information comes to the Society that somebody has breached a requirement of the responsible pharmacist. It is not going back to the beginning. This does not indicate who is responsible for which, it just says how we will respond if an investigation has to take place where someone has alleged that the responsible pharmacist has not updated the SOPs. It may turn out to be the owner, it may turn out to be the superintendent, it may turn out to be an individual against whom that allegation is made. Of course, if they have not, if they not non-compliant or their non-compliance does not amount to impairment of fitness to practise, that is where the non-referral process allows a proportionate response.

Dr Tristan Learoyd: Maybe I have got a complete misunderstanding but it says should be reviewed at least once every two years. Someone has to be held to account and it falls under the remit of the responsible pharmacist according to appendix 2A.

So surely it is not the proprietor or the superintendent, it is the responsible pharmacist who would be culpable for example 2.

Mrs Sarah Billington: An allegation could be made that you were the --

Dr Tristan Learoyd: I think there is two many vagaries here. It is really complex. It is not clear.

The President: It is one of those areas that needs clarity but it is actually not substantive for this paper here in terms of bringing it into effect as and when an allegation is made. Yvonne?

Miss Yvonne Liddell: Like Tristan, I am slightly confused and I was on the responsible pharmacist leading group and I have just joined Law and Ethics so, if I am still confused, heaven help our members. Failure to regularly review pharmacy procedures at least once every two years and following an incident or event which indicates that the pharmacy is not running safely and effectively will be a non-referral, is that right? What you are saying is it is the event. If something goes wrong and they have not updated their SOPs, it is that that is not referred, is that right?

Mrs Sarah Billington: Yes, I think we are saying the same thing. The non-compliance is that they have not updated the record or the SOPs have not been updated either once every two years or following an incident in the pharmacy. So the allegation would have to be quite specific for this to end up as either a case or non-referral.

Miss Yvonne Liddell: So from a patient's perspective and public safety, surely it should be referred. If a responsible pharmacist has failed and an event has taken place, failed to update the SOPs, then they are still putting patients at risk and then it should still be referred?

Mrs Sarah Billington: I would have to say that we currently have agreed that standard operating procedures and technicalities around standard operating procedures are suitable for non-referral so this was simply mapped to something that has currently been agreed to as SOPs or a case type suitable for non-referral now.

Miss Yvonne Liddell: Yes, but if something happens --

Mrs Sarah Billington: The something happens will be dealt with.

Miss Yvonne Liddell: It says non-referred.

Mrs Sarah Billington: No, that is just if then after the event has been dealt with, within the pharmacy, and the safety element has been addressed through other mechanisms, that they then do not update the SOP. It could be that the SOP actually did not contribute to the safety element but they need to be reviewed in order to assess that. So it is the assessment of the SOPs and the updating of the SOPs that is the subject of that particular example because it is specific to the responsible pharmacist requirements. I do appreciate this is a bit like knitting fog sometimes.

The President: Seema, can you come back?

Miss Seema Agha: If we could agree the general principle of the paper and that particular one, take it back, the example, and just tweak out what the issues are and then bring it back --

Mrs Sarah Billington: I am very happy to provide an explanatory note at the bottom of this paper, perhaps refer it down and give a fuller explanation.

Miss Seema Agha: I am happy with the wording if you could tighten it up so it is clear on the face of it.

Mrs Sarah Billington: Yes, I think the intent is there and we can word it differently.

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The President: My understanding here is that this is the responsible pharmacist regulations as they are laid presently mapped backwards retrospectively to previous papers which have come to Council referring non-referral criteria. That is the issue because that is mapped back but I think an explanation on this particular example would be very useful.

Mrs Sarah Billington: Absolutely.

Dr Catherine Duggan: I was going to ask for clarity, being that we worked on this yesterday at our strategy day, what do we do at the moment? We are getting swamped by the notion that everything is changing because of the responsible pharmacist whereas actually we have got to think about this in an enabling way. If we have a pharmacy run by different locums every single day and there is an event, surely at the moment there is some way of identifying who was working on that day, i.e., who was the person who was responsible. There must be some way of doing that already so this would be a way of building on what we already do, as I understand it. Is that correct? Taking into account that this wording here is confusing, that aside, is this not what happens already?

Mrs Sarah Billington: The majority of it happens already, you are absolutely right. This is just bringing clarity to those specific things listed in the responsible pharmacist requirements. That is what the mapping process did, exactly as you wanted, what do we currently do, what is the current situation, and how do these new requirements that come in, although they appear very different, actually map to how we already work anyway?

The President: Gerald and then Jeremy.

Mr Gerald Alexander: First of all, I broadly support the paper as a member of Law and Ethics. I have no issues with the paper. I can see the specific incident, and I do not really want to waste the Council's time on this particular point, on Tristan's point, but I can understand it. I think the issue is around communication between responsible pharmacists or the superintendent and the responsible pharmacist. Should an event come to light after the responsible pharmacist has been pharmacist has been in that pharmacy whose responsibility is it to refer the matter to the responsible pharmacist who was present on the day? If a pharmacist fails to review the record, he/she would not necessarily have reviewed the SOP because he did not know about the incident. Those are issues that occur and I think that is the discussion that I think we might need at Law and ethics. I think we should agree the general principle because we need to bring in this non-referral criteria before the implementation of the responsible pharmacist rules and regulations in order that we can help our professional colleagues their practice, and I think this is a perfect example of where the journal will actually explain some of the intricacies of the responsible pharmacist regulations along with the non-referral criteria, because I think there is a great deal of concern out that.

So I hope we can implement this alongside the introduction of the responsible pharmacist rules and regulations and hopefully we can move forward on looking at some of the intricacies of the difficulties that might occur in working practice.

The President: Thank you, Gerald. Well said. Jeremy?

The Chief Executive & Registrar: I just wanted to provide some reassurance to Council members that non-referral to the Investigating Committee does not mean that an allegation is not examined and considered at local level. I think we might be in danger of thinking that non-referral means we just dismiss it. We do not. The inspectorate looks at it very closely and if it can be resolved at local level through the inspectorate or with the primary care organisation, then that is an appropriate way of dealing with it. It just means that it is not escalated automatically to the Investigating Committee.

Mrs Sue Kilby: Thank you very much, Sarah, for actually producing this paper. I think it is actually a very good step to go forward and obviously we need to have these things in place before the introduction of the responsible pharmacist.

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It is really following on from the discussion we had yesterday. Are we now going to open it up into a wider debate as to where we stand as far as --

The President: That is the next paper.

Mrs Sue Kilby: Thank you.

The President: I think this is a helpful discussion. I think it is a very helpful document. It should be welcomed by members. It is supporting them as we move forward to introduce the responsible pharmacist regulations. I am grateful for the offer to clarify any issues in here in terms of foot notes. In principle, I would like to suggest that Council ought to endorse this. (Agreed) Thank you very much indeed. Thank you, Sarah, thank you, Andrew.

Council will know that we had quite a lengthy discussion yesterday on responsible pharmacist and how we should support members working with other pharmacy bodies going forward and whether Council should be considering suggesting a postponement in the regulations coming into force. A paper has been produced which Martyn is circulating now to try and reflect that conversation that we had yesterday and you will see the action required here of Council is to consider whether we should endorse postponement and also agree that we will undertake some work in support of members. Wendy, would you like to take us through that?

Mrs Wendy Harris: Thank you, President. I will take you through quite a bit of the detail though I am sure Marcia will be pleased to know it is only two sides in length which does give you time to read it whilst I am talking as well. My thanks to David particularly for capturing the discussions yesterday and for help with drafting this paper.

It is just to remind you that the responsible pharmacist regulations were laid in October of last year and come into force October this year. Yesterday, at your strategy day, you identified a number of concerns that you either were aware of or that anecdotally had been expressed to you that you reported to Council. Those were concerns from both community and hospital pharmacists. Some of those concerns, it was agreed yesterday in your discussions, are not directly responsible of the requirements of responsible pharmacists themselves, and that is too many responsibilities in one sentence, but actually just the mere focus on the responsible pharmacist requirements has brought this into sharp relief, that there are aspects of current practice that may now be drawn closer into our focus.

Particularly amongst those are concerns about the relationship between employees and employers, where we have non-pharmacist managers managing the pharmacy or the overall service, and how pharmacists in those situations and others can be supported in taking the decisions that may be required of them acting as a responsible pharmacist.

You also identified some operational issues. The key one, I think, is the operation of a pharmacy where work is prepared or prescription medication is prepared before the arrival of a pharmacist in the morning or after they have gone home at night or that there are other provisions. That seems to be contrary also to the government's push on skill mix and the fact that having moved to get accredited checking technicians and our registered technicians we now require the responsible pharmacist to be present to supervise all of those activities.

Following your discussion yesterday, it was agreed that staff of the Society would work and produce further support for pharmacists, and I know there was mention of the technician's tool kit, some of the pieces, and we will undertake to do that.

There was concern expressed about hospital colleagues where, because of the delay between discussions between the Guild and the Department of Health on actually defining the business of the hospital pharmacist, has actually caused a delay in the guidance for those colleagues on responsible pharmacist and we do not expect to see that before the end of August, giving them only a very short probably five-week period before the requirements would be required to be introduced.

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Then, confounding all of this, you also noted and as we have had earlier discussions today, a pandemic is upon us and the escalation could mean that we were moving people across the Register who may not have been in personal control of a pharmacy for some time, let alone being the responsible pharmacist on that particular day.

I hope that has captured the essence of your debate yesterday. Like I say, this is but a short précis but to be able to just replay that to you today for the purpose of the discussion.

There is also the counter argument that, again, Council members put forward yesterday that says the date should remain unchanged. Particularly for those there has been, and it was acknowledged, a large amount of work done so far to support pharmacy in the introduction of these requirements: the various pieces of guidance, the tool kit, the CPPEs who are developing training material, employers who are developing and providing training to their staff. The fact is that, as I said before, a lot of the issues that have been drawn out in your discussions yesterday are not actually about responsible pharmacist, they are about current practice. It is just that the debate has brought them into sharper focus.

Finally, on the matter of pandemic, to use our pandemic powers and to use responsible pharmacist effectively, we need the two together because that then allows the sale of GSL products which otherwise we would not be able to do. So not having RP in force for 1 October would mean that patients would be denied medicines if they attended a pharmacy for GSL medicines.

Again, I hope that has captured the flavour of the debate for the opposing view. Just to also say, that is not contained in the paper, I am very grateful to Priya and the team for making a large number of contacts with people yesterday. We have sounded out Liz Kay who is producing the guidance for the hospital pharmacists and the Guild on their view on the delay should it be delayed for the hospital pharmacists because of this apparent disparity between the time that one group have had to look at and the time that the other group of colleagues will have had time to review the regulations and understand what is required of us. They ask that no delay is made. They are quite content for this to go forward on 1 October.

I have also specifically spoken to Ray Fitzpatrick. Sue, you mentioned in terms of the HPG. Ray's commentary on the guidance that is being drafted by Liz now is that it is exceptionally clear. It is the best piece he has ever seen. It is very helpful and he looks forward to it being introduced so, again, very positive messages that are coming from that.

I have then put together at the end in terms of the risks of any change and the resource implications. Obviously, we do not know what that is going to be until the outcome of your debate, but really to suggest, and it is (ii) in the proposal, that what we need to do, the crux of the matter, are these operational problems that you have identified, and that we should not delay or seek to delay RP but rather we should urgently seek to work with the other pharmacy organisations, the Department of Health, and patient groups to actually understand the risk implications and what are the solutions to those operational matters. That includes those where I was saying about preparation of medicines and prescriptions without a pharmacist on the premises. Thank you.

The President: Thank you, Wendy. Of course, I realise this is a hot topic and everybody will have opinions around the table but we did spend at least an hour and a half yesterday debating some of the issues and the pros and cons so I do not really want to go into the full debate again but very happy to hear headline views around the room. Bob?

Professor Bob Michell: Mine is a different point which I do not think came up yesterday. Assuming we do have a postponement and do use that time to consult other bodies, unless we already know the answer, I think there is something on which we need to find out what the GMC do, and it is this: if the pharmacists during the rest break have to be available to answer the phone, it seems to me that they are in a very similar position, not necessarily identical, to a doctor on call. My question is how is that interpreted under the EU Working Time Directive?

We should not be interpreting it differently to the GMC, I do not think, unless there is a good reason to.

The President: An interesting question, Bob, and it is a technical question which we can look at outside the meeting, if that is OK. Tristan.

Dr Tristan Learoyd: I am obviously for a delay. The thing that worries me is the transfer of power from an employee superintendent to responsible pharmacist. I know we are saying it is a clarification of various laws and vagaries in the 1968 Medicines Act. I think it does place greater emphasis on an individual pharmacist who may be only a locum there for the day. I do not feel as though there has been enough buy-in from large multiples into this. I, as an individual pharmacist, would not feel in a position to close down an unsafe practice because I would fear for my own livelihood, especially when you have got large multiples occupying a large percentage of the market out there. I think it would inhibit me. I think it has been brought in a little bit hastily. I agree a lot with what I read in here but I think that there is a confusion here and, if I am confused as a senior lecturer in pharmacy practice, I am guessing there is going to be a lot of confusion out there in the community. I think we need to delay it.

The President: Steve?

Mr Steve Acres: I think as a Council we have been behind responsible pharmacist from the beginning. We have had a lot of discussion about it but I personally feel that to delay at this stage would send the wrong message to the profession. I think the secret is in point 2 in the action required which is around clarification guidance. I do not support a delay.

The President: Thank you. Margaret?

Mrs Margaret Allan: I do not support a delay. I think we should roll this out from 1 October. I think there are a couple of points I would like to make. This is being proposed as being legislation that will make practice safer. Why would we delay something that is going to make practice safer? How would that make us look?

Secondly, I think a lot of the issues around the table are to do with fear. When people are fearful, they do tend to want to back off and not implement something. It is our duty, as being the head of the profession, to ensure that we give appropriate information to these people to make them realise there is nothing to be fearful about. So support, information, training, is what we need to do to support these people, not delay.

The President: Thank you, Margaret. Keith?

Professor Keith Wilson: I think it is important that we actually continue with this and I would not support delay. It has been around, it has been discussed extensively. It has been around for two years in various forms. So to say now that we are not expecting it is slightly odd. The actual regulations are not detailed, they are very high level. If you read the actual regulations themselves, they are about one and a quarter pages of A4. They are principles really, not detailed regulations, and they simply are similar to much of what was said under personal control. The complexities that have arisen from this are largely, as Wendy has said, not about the responsible pharmacist regulations but other aspects of practice which have emerged particularly in the hospital arena. That is useful, probably, in the longer term and I think that the information that Wendy has provided today might be even clearer about thinking we should continue because we have got some additional information from the hospital sector and I think two really useful action points, the second one I very much support. It is a leadership body. We should be leading. We should be taking the agenda forward and working with others to address the problems, not just retreating from them.

The President: Thank you, Keith. Nick, please.

Professor Nick Barber: Thank you. I voted for delay yesterday. Having heard the discussions since then and the information which comes through, I now do not want to have

delay. I think it should go straight ahead. I think there are some safety issues if we do delay. I think the safer option is to implement it. I am concerned about some of the issues in preparing medicines and things like that and I think the agreement to look at those satisfies me so I am happy to go ahead.

The President: Thank you, Nick. Gerald?

Mr Gerald Alexander: Thank you, President. First of all, I must apologise to yourself and the Council, I was not here yesterday morning and I forgot to give my apologies for not being present yesterday morning so I did not take part in the discussion and I do not know what took place.

I think as a member of Law and Ethics this has come before us. I can see absolutely no reason why this should not be implemented because it is going to be the law of the land and we should run with that. To move the date is only saying we are not sure about these regulations and I think we are. So I ask myself this question: just because there are areas that need further clarification, the question is does this justify further delay? Does it? That is the question. I would say on balance it does not because I have heard discussions around the preparation of medicines, the unpacking of medicines in the absence of the responsible pharmacist, and these things actually take place currently in pharmacies. Sometimes technicians or dispensing assistants will open pharmacies and the current regulations, as you would look at them, would say that they must not do this. I think that is just an area of further clarification and I think, OK, there is a concern there but I think we can get past that.

The area that the responsible pharmacist regulations was to replace was that of personal control and Lord Fraser, who was Chairman of the Statutory Committee, was asked a question through the Investigating Committee and all this came about as a result of the fact that a pharmacy could not sell a GSL medicine in the absence of a pharmacist, which was ludicrous because garages and supermarkets could. So there needed to be new legislation. The government have introduced new legislation and if it is just around the date of implementation, the profession know the date of implementation. There are concerns and I think we are receptive to those concerns and I think we should deal with those concerns. So what we should do is implement the regulations on the date that the profession know they are going to be implemented and address the concerns that have been raised around preparation, assembly and unpacking of goods, and there are a number of other areas. It does not actually stop us from implementing it and I would hate to think that any patient would come to a pharmacy in the absence of a pharmacist and be denied the sale of a GSL medicine in a pandemic. It would be absolutely ludicrous in that period and if a pharmacist was absent for two hours it would be absolutely ridiculous.

So I think we have to protect the patients and the public. I know we have got concerns as a profession but on this occasion we have to go with the time lines that have been set and I do not think we are acting unreasonably by not agreeing to the change of the time lines. I do understand Tristan's concern and I do understand other members of the profession's concern but we do need to run with these proposals. The date is set and the clock is ticking. We have done our very best in terms of non-referral criteria today and we are continuing to do our best and I think we should actually agree to implement those rules and regulations on the due date and address all the concerns that have been raised.

The President: Thank you, Gerald, very much. Sue?

Mrs Sue Kilby: Thank you. I do believe from what you have said actually that the guidance that Liz is producing around whether you are required to actually be registered at a pharmacy is probably very good and it is the best guidance that the profession in hospital has ever received on this because, as you are only too well aware, there is a great debate as to whether they should be registered or not be registered and it would be great to have received that clarification, obviously, with reassurance, and I guess you must have reassured Richard Cattell that you can actually get through and register all these hospital pharmacies as such and also that they can actually implement it in the time lines.

I was somewhat concerned if it was coming through in August and not being able to get the registration through and then actually implementing the responsible pharmacist. Having talked to various people in hospital, they were dismissing it on the basis that they did not think they needed to be registered but obviously we have got to get through the message that they need to be registered and they have got to implement the responsible pharmacist. If the Guild believe that they can do it, then that is absolutely brilliant.

I would ask, Wendy, when you actually spoke to Richard Cattell and Liz Kay about this, did they actually have representatives from the private hospital network as well on their groups and are they actually going to be informed? Do they know what is going to be happening as well? Can they get it implemented in time? I think that is important because there are obviously quite a number of hospital pharmacies that are in the private sector at the moment.

Mrs Wendy Harris: Thank you, Sue. I am just going to defer to Priya because she provides secretariat to the group so she can expand on its full membership for you.

Ms Priya Sejpal, Head of Ethics: In terms of the group itself that has been involved in drafting the guidance, we have got some representation from the Guild and have Liz Kay chairing the group. There are not specifically members from the private sector as such. What we then did, once we had a draft version of guidance, was sent that out to stakeholders, a group of just under about 30, and within that there were representatives from the independent sector. We also sent, for example, to the CQC, so we have covered the broad spectrum of hospital pharmacy.

It does not make the decision for the Chief Pharmacists about whether or not to register with ourselves or whether to obtain a licence. What it says is if this is an activity you are undertaking you can do this without registering, it might say you either need to either register your premises or the other option being to obtain a licence. So what it does is set out the activities that are undertaken together with the potential options available. It is really then for the Chief Pharmacists to take pharmacists to take that back to their trusts, their hospitals, and to decide how best to run the services that they currently offer.

The President: Thank you, Priya. Brian?

Dr Brian Curwain: Just briefly, firstly, I am not in favour of delay. We have discussed this for a couple of years or so now and the train has left the station. The point about GSL medicines is very important.

What I wanted to try and do is just to provide Tristan with a little bit of reassurance really. My first question about all this is OK, what is going to be different in terms of I turn up somewhere as the pharmacist on the day? At present I am responsible for what goes on in that pharmacy on the day that as a locum I turn up at it. What happens is I get a capital letter in front of responsible when I turn up after 1 October and there has to be a paper trail and I can actually be absent and the only change that makes is that we can sell paracetamol and stuff like that over the counter, which you would want quite a lot of in a pandemic, to be honest, and you would be probably happy to have people who have the experience of providing advice to sick people rather than people who work behind the counter in a garage to sell it to them. So, as Gerald points out, it is actually very advantageous.

In terms of the relationship between the responsible pharmacist, with a capital letter, and the superintendent pharmacist, I do not see this changes anything. You still are obliged under the Code of Ethics, if you turn up somewhere and you think, my God, this is so awful, I could not possibly do this, you are really obliged as a professional not to do it. Of course, it is a difficult call to make and in practice this is one of those situations which we discussed which is actually vanishingly rare. It does not happen very often. What you actually do is you do what you think is safe to do on the day without things that you are not going to really make a mess off and put the public at risk, you do not work there again, and you raise it with the

organisation. Nothing will change. That is what we do, as responsible, in large or small letters, pharmacists.

So I think we should carry on but address the issues that Wendy has set out for us because there are those issues and they must be sorted. Thank you.

The President: Sandra?

Mrs Sandra Melville: I just wanted to add to Brian that actually the three Boards agree there should not be a delay. Mark is not here today but he asked me to put that across that we are in total agreement.

A lot of the points I was going to make have been covered. There seem to be some red herrings going about, one of which was swine flu, and Gerald covered that very well. The responsible pharmacist actually makes it better and safer in the incidence of swine flu.

The other one is around hospital pharmacy and I am a hospital pharmacy myself. The hospital pharmacy that I work in is not registered and that is OK because none of the activities that we do require us to be registered. If we were to expand the activities so that we should be, then we should register, irrespective of the responsible pharmacist. Actually it is quite good that this is highlighting that it seems to be that there are some hospital pharmacies out there that should be registered and, if that is highlighted, that is good. If the Guild of Hospital Pharmacists are happy for it to go ahead in the time scale, then I think it is a positive thing that has come out of this.

My final thing is just from the point of view of the professional leadership body. I think it is very useful for the professional leadership body to have something like this that is making practice safer and that is empowering pharmacists when they are put in a difficult position and they are not sure how to deal with it, that they have the support of the professional leadership body behind them to say you can use this, you know, to stand up and say actually I have turned up at this shop and it is a bit dodgy and I am not going to do this. It empowers pharmacists to practise in a safer manner so just to say that the three Boards are completely behind going ahead with this on 1 October.

The President: Thank you, Sandra. I have five names down on my sheet which we will go through. The first I have got is John.

Mr John Jolley: Could I start by saying I am totally in support of the principle of responsible pharmacist. I find it directly analogous to the position that I have personally been working in for a number of years as a qualified person because being named as a responsible pharmacist on the manufacturing licence of both commercial and investigational medicines and for the distribution of medicines it is directly analogous in attributing key responsibility to regulatory conformance and it is certainly the way that we should be going for the future.

In the case of a qualified person who is prepared for taking on this responsibility, there are three foundation elements which they need to be trained on. One is a knowledge of the regulations. From what we have heard yesterday, there seems to be a lot of confusion in terms of what those regulations are, where the limits are. The second is to apply appropriate quality management systems to the process which you are being responsible for. Thirdly are the duties and responsibilities that you carry in being named as that responsible person.

In all of the examples and the discussion that we heard yesterday, there seemed to be a lot of confusion out there and I have listened with interest to all the comments of saying, yes, we have got to go and ahead and implement this regulation. If, at the end of the day, the people who are expected to accept this say "no, hang on, I am not prepared to take that responsibility, given the information that you are currently giving me", we are in a mess.

I agree that we should proceed as quickly as possible but the items listed under (ii) of the regulations, to my mind, have to be addressed before we can make the case to pharmacists

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to expect them to accept responsibility, to be named as a responsible pharmacist in the pharmacy, if for their own good, because nobody should ever take on these responsibilities without knowing the full implication of what that responsibility involves. To say that there are inconsistencies with the regulations which puts at risk people at the moment and that those inconsistencies will continue to exist is not acceptable.

We have heard and discussed at great length the Elizabeth Lee case where quite clearly inconsistencies in the regulations had led to an appalling decision by the courts. What measures could possibly come from forcing through these inconsistencies? My experience is that in time you can never go back and change the regulations once they have been enforced. If there are inconsistencies, then let us correct them before we put these in. I would strongly recommend that if we want to achieve a 1 October date, that we address the items of (ii), certainly before the end of August, so that we can at least devote the month of September to a proper and appropriate training programme which has to be certainly far more widespread and a lot more attention given to what we have heard in the discussion yesterday. Thank you.

The President: Thank you, John. If I may say so, I am not too sure that we are saying that there are inconsistencies in the regulations. I think what we are saying is that members need clarification and support in terms of delivering the regulations, just to be accurate.

Mr John Jolley: Let us make sure that the regulations that we want to enforce do not have inconsistencies in them. Let us allay people's fears because at the end of the day we have got a selling job to do. We might well say we have discussed this and we have got statutory instruments which are implemented for 1 October. That does not matter at all if at the end of the day nobody accepts the new regulations and will not accept that responsibility.

The President: Thank you. Yvonne?

Miss Yvonne Liddell: I sat yesterday and said that we should delay but we should delay for some very good reasons that we are not ready. I agree with Margaret there is fear and when people get scared they do not want to go near it, they want to run away. I agree with Gerald that when it comes to pandemic, the responsible pharmacist enables staff and pharmacy technicians to sell medicines to the public. I know a lot of work has gone into this paper because I was involved with the steering group as well.

I am confused; members are confused; some of the Council members in this room are confused. If we can get it right and we can get the confusion settled by 1 October, I think we should go ahead. If we cannot get it right and there is still confusion after 1 October, then I think we are in trouble. Basically, our members should be a priority as well as patients. We need to appease them, we need to get them more settled, we need to get them understanding what they are doing. It is not different from what they are doing just now, I do get that concept, and, like Brian, as soon as you are taking sole responsibility everyone goes, "Oh my God, what?" There is not enough back-up for some pharmacists out there if they are on their own and they do not know what to do. New pharmacists coming in will be terrified on 1 October that they are responsible for everything that happens. They will see it as "If it goes wrong, I am in trouble". If we can give them signposts of where to go if something goes wrong, make it known that they will be supported, get training documents out there, hit them from now until 1 October, everyone singing from the same sheet, everyone knows what is going to happen and everyone is comfortable, then we should go ahead. If we cannot get that done, then I do not think we should go ahead.

The President: Thank you. I have got Ray, Catherine and then Lorna.

Mr Ray Jobling: It has all been under discussion for at least a couple of years. I was the lay person who was involved in the relevant Committee. It was a very, very thorough going process. Everybody was around the table. When I say everybody, the Department of Health, representatives of the other national health authorities, the CCA were there, the Guild were there, I was there, round and round. It was extremely thorough.

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Actually I have said repeatedly it is one of the best processes I have encountered as one of the contributors to the Council's work.

We have come to this point now and have got confirmed, it appears, from three National Boards that they are in favour of going ahead. Wendy has told us that she has consulted with hospital pharmacy representatives, the Guild representatives, and they have confirmed that actually they want to go ahead. They are pushing us to go ahead. What we do need obviously are clarifications on these questions of detail because they are significant detail and that we have to be sure that the members, the professionals, have actually got support in going forward with this. I am against delay. I am strongly in favour of going ahead on that basis, that there will be that clarification. That is the responsibility that lies here and support that lies here. We have got into this because people were saying that we were going to improve the circumstances for patients and there would be a safer service and a better service if we moved down this road. We spent two years doing it and now suddenly we are saying it is going to be safer and better but not in October, it will be later. It is the wrong message to send and the wrong principle.

All of that being said, I hear what is being said from down the table. If it is the case that employers are putting professional employees into circumstances where they cannot pursue patient safety in that way as their priority, then that is serious and it has to be taken up with those who represent those employers in a very direct fashion. I would hope that the General Pharmaceutical Council will take it extremely seriously. It is not right for pharmacists, and if it is not right for pharmacists it is not right, is it, for members of the public and their patients? There is no conflict of interest here so if that is what is being said, that there is a risk of employers bearing down on their professional employees in this way, then that is unforgivable and it has got to be pursued. That concern has got to be pursued but I do not think that should delay it and I am strongly in favour of going forward now on the basis that we have got this support from all of the bodies that are concerned.

The President: Thank you, Ray. Catherine?

Dr Catherine Duggan: Many of the points that I was going to raise have been raised more eloquently than I could have put them. The concern and the fear that is in the profession is real and should not be ignored. However, I would say that we should not delay on two fronts. The first is the legislation which will go ahead in October which is a brave and a good thing to do. The second is not to delay on all of the support that the profession needs out there because the confusion and concern and fear that exists today is not just about responsible pharmacist on 1 October, it is about situations pharmacists find themselves in now. So such legislation could be seen to be enabling and supportive and I would urge actually that being continuous and responsive as we have seen over the past two days, given our discussions yesterday, is one of the elements that we can push and strive to achieve longer term so that when new fears emerge or new examples of I am facing a difficult situation, we can respond in an enabling and supportive way totally.

I back Ray's point about it is not the individual who should be under threat finding situations that are tricky to deal with. The individual should feel supported by the professional body, supported by their regulator, and that firm action is taken where it is appropriate, so this should be enabling. That is my view.

The President: Thank you, Catherine. Lorna?

Mrs Lorna Jacobs: Thank you. I just want to clarify that Council is not being asked if we should go ahead or if the implementation should be delayed. What we are being asked is if we should ask the Department of Health to delay implementation. So it is their decision whether it is implemented and we are being asked should we ask them for that delay.

The President: Yes.

Mrs Lorna Jacobs: They will make the decision and they will make it, I would suggest, purely on the basis of patient safety. They will look at the issue to say will patients be safer with new regulations coming in and some pharmacists unclear and uncertain and confused or will patients be safer with the existing set-up? I think it is fairly clear, in my mind, which decision they will make.

Now, we can decide whether we ask that question of the regulator, of the Department of Health, and we can look at the issue as a regulator and say we are purely concerned about patient safety and therefore that should be our criteria but we can also look at that decision as the professional leadership body. As the professional leadership body, we can say this is, like it or not, what the Department of Health is likely to decide but as a leadership body we can help you to do this. We can support you, we can enable you. You can do it. I would urge you to make the decision as a leadership body on whether we should be asking the Department of Health to delay.

The President: Thank you, Lorna. I have got nobody else on my list. Is there anyone else who would like to speak. John?

The Treasurer: I get a little bit worried on the basis that extreme cases make bad law when people start justifying a pandemic as the safety reasons for this legislation. It also seems to me that if that is the case because the pharmacist is not there, then the pharmacist would not be signed on and therefore you would not be able to sell GSL medicines to the public in a pandemic under the responsible pharmacist regulations. So a lot of the justification about pandemic sales of GSLs do not apply, in my view, unless I stand to be corrected on that, that GSL sales will only be made in the absence of the pharmacist if that pharmacist was signed on and was on a two-hour absence. So during a pandemic, if the pharmacist was ill and did not turn up, those sales would not be made and so it is not making the public safer. They would not have access to those medicines.

There are many pharmacists out there who believe that if the pharmacist is absent for two hours a day from the pharmacy, it inherently makes it unsafer to sell medicines to the general public anyway. So using this as a safety argument I do not think will cut much ice with the vast majority of community pharmacists in particular.

In general, I think the government want this proposal and I think they are a little disingenuous when they say that the profession called for it. I think the profession called for clarification on sales of GSL medicines. I do not think that they called for this. This is what we have got and I think this is what we are going to get. The question really is should we support those pharmacists out there who are confused and calling for clarification because I think that the Society calling for a delay, or at least calling for clarification and a delay pending that clarification, which is what I would support, so we want clarification of some matters and if we do not get it, we want it delayed, but hopefully a call from us supported by other people in the profession would cause that clarification to be provided and therefore there would not need to be delay so everyone is a winner. Those people who are confused get their clarification, we get our October 1 implementation date and we can move on. That is what I would support. So I would support us calling for clarification from the Department and a delay pending that clarification if it does not arrive.

There is one other thing as well which concerns me greatly and that is it seems to me that this legislation does create new criminal offences for pharmacists. Now, in the current climate, there is a large degree of confusion amongst community pharmacists in particular that the professional body ratify and support legislation that creates new criminal offences and apparently confusion from the government who appear to be supporting a skill mix on the one hand and putting legislation that prevents the skill mix on the other, their attitude to getting the MHLA to talk to the CPS and to talk about suspending or changing the prosecution of single dispensing errors. They appear to be wanting to support what the profession wants, which is a reduction in criminal offences of pharmacists who are genuinely trying to do their best and who are not actually criminals.

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It seems to me that the creation of new criminal offences under the responsible pharmacist legislation means that it is not simply -- what pharmacists are obliged to do now, as has been said before, could in some instances become a criminal offence under this Act. That concerns me greatly if we are in an atmosphere of confusion and people do not fully understand their rights and are not fully being given the training they might need to interpret this.

The President: Thank you, John. I think we have all been given ample opportunity to put our cases forward now and views forward, a combination of two hours yesterday and three-quarters of an hour today. So I am now going to draw that discussion to an end and I am going to ask for a show of hands, if I may, on this one because I think it is an important issue and I think it is an important test of our resolve. So could I please just ask Council members who are in favour of asking the Department of Health to amend the commencement date for these regulations to please show? Those in favour? Thank you. That is three. Those against, please? Eighteen. Any abstentions, please? One. Thank you very much indeed. I am taking it as read that (ii) on this paper has the agreement of everybody in the room. (Agreed) Thank you very much, Council. Bob?

Professor Bob Michell: If we take the spirit of John's last speech and even though he and I voted in opposite directions, your summing up does not include what I feel is very valid, that whilst we accept the need for this to be implemented in October, I think most of us, although we have not voted specifically on that, recognise that the Department has a responsibility to introduce some clarifications before it is actually safe for that to happen.

The President: Thank you, Bob. Thank you for the report.

Dr Tristan Learoyd: Can I declare my dissent to the previous decision made by Council?

The President: You may.

Dr Tristan Learoyd: Thank you.

The President: It is just gone one o'clock and I am recognising that we still have a fair amount to go today but this was a good discussion. It is a cold buffet not a hot one so I am asking you, please, to be back by half past. Thank you very much.

(Luncheon adjournment)

The President: Thank you very much indeed. Apologies for my lateness this time. My excuse is it was a hot buffet, not a cold one.

14. Statutory Committee's statistics

The President: We are on item 14, which is the Statutory Committee statistics. It is just a report to note, please, but I would like to thank Jeanne for preparing this report for us. Thank you very much for that, Jeanne.

Organisational matters

15. Chief Executive & Registrar's report

15.1 Minutes of committees circulated since the April 2009 meeting of Council

15.2 Ratification of Officers decisions

The President: Can I move on to item 15, please, which is Jeremy's report, 15.1 and 15.2.

The Chief Executive & Registrar: Thank you very much. 15.1 is simply to ask Council to receive the Committee minutes and 15.2 is to ask Council to ratify the putting of the seal on a

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minor works building contract. Minor works may not actually seem minor to many people here but it is defined as minor under the joint contracts tribunal. They call anything up to the value of £150,000 as minor, but I hope that Council is agreeable to us sealing that contract.

The President: Council's agreement to that, please? (Agreed) Thank you very much. Could I just advise Council that item 31, which is paper 94, the RMC paper, has been brought from confidential business into public business and I would like to address this item at this stage in the proceedings. So I am handing over to Bernard or John. So this is paper 94, which was under item 31.

31. Resource Management Committee report

The Treasurer: This is what Lorna gets when one of their team gets promoted to Treasurer, confidential papers in public business.

This is paper 94. This is really a technical paper and it is a paper that comes to Council every year and the decision has to be taken. The first item is for noting only and the attention of the finance department to bring forward in September recommendations around the formation of limited liability structures for the Society. This has two aims, the first to protect the Society's assets into the future and also to help manage the Society's tax structures. This also follows an urgent and serious recommendation from the publishing board that the Society adopt a limited liability structure to its publishing activities. We are not asking Council to debate these issues at the moment but I would urge you to prepare yourself for this debate when it comes in September and this is just really a heads-up to say what is coming over the horizon. If anybody needs any clarification or has any points, then if they could take them really maybe outside of the meeting today and talk to Bernard or Graham, I am sure that those or any other member of the finance team would be quite happy to explain some of the background and prepare some of the ground for the debate in September.

The President: So are Council happy to note that request and for a paper to be brought back? Lorna?

Mrs Lorna Jacobs: Can I just commend the Treasurer on bringing a paper from confidential business into public business.

The President: Thank you. John, carry on.

The Treasurer: The second item is a technical confirmation of the bank mandates which has been revised to effect changes in the officers' groups. Treasurers are signatories to the bank accounts and obviously we have a new treasurer so we need to change the mandates to take account of myself succeeding Andrew Gush as treasurer.

The President: I am assuming Council are agreeable to that. (Agreed) Thank you.

The Treasurer: The third item is to confirm approval that there are to be no changes to Council members' and officers' responsibility allowances for the current Council year. All allowances and attendance fees will be set for 2009/2010 at the same level as they were last year.

The President: Are Council agreeable to that? (Agreed) Thank you very much. Thank you, John.

17. 2010 Retention Fees consultation

The President: We will go straight on to paper 84, please, the retention fee paper. It is item 17, paper 84, the 2010 retention fee consultation.

Mr Gerald Alexander: Can I declare an interest? I am a member of the board of management of the National Pharmacy Association. I note that there is quite a serious criticism of the fees that we have been asking for from the membership and I happen to be a member of that organisation.

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The President: Thank you, Gerald. Bernard, thank you.

Mr Bernard Kelly, Director of Finance & Resources: I thought the Treasurer was intending to introduce this but I am obviously hear to answer any additional questions.

The President: John?

The Treasurer: Thank you. Actually I am on a roll after getting the last one through quite easily so hopefully this one will go through the same. There is nothing like being optimistic in life, is there?

Council, this asks you to make a decision in regard to the retention fees set for the membership for 2010. The matter has come here for your consideration after the conclusion of a consultation exercise with the membership and with other interested stakeholders. The matter came to the Resource Management Committee in March of 2009 and subsequently was considered by Council and the increase in the fee of 2.2 per cent was recommended to go out to consultation with the membership.

When this was originally considered the Council was aware of and took into consideration several relevant issues. The first one is that the GPhC will come into existence at some time in 2010, and we are still being told this morning from Bob Nicholls that April is the target date. We do not know precisely when this will and the cost related to this cannot be precisely determined at this moment because the date is still a little uncertain. Until the GPhC comes into existence, the Society remains responsible for discharging both regulatory and leadership functions. The Council has therefore set the one fee for the whole of 2010.

Any organisation going through change incurs additional costs and we have dramatically since this announcement of the GPhC set up in 2007. We can expect that as the demerger is implemented additional transitional costs will continue to occur and as we do not know how long that is going to be for we do not know how great those additional costs are going to be. There is a large degree of uncertainty in the air.

The pension fund continues to be a cause for concern. The deterioration in the financial markets since the last full valuation in 2006 will undoubtedly have caused the actuarial deficit to have increased. I understand the trustees, concerned as they are with the situation, have asked for the next official valuation to be brought forward. The next actuarial valuation is in October.

Mr Bernard Kelly: It was scheduled for December 2009. The trustees have asked for an official actuarial evaluation to be undertaken at as December 2008.

The Treasurer: Whilst we do not know what that is obviously yet it is not likely to be more positive for us than the last one was.

There is also the current level of inflation which is very low at the moment but nobody really knows what that is going to be through 2010 and that will affect a whole number of things, not least our salaries and other related costs. We live in very volatile times and inflation has recently touched new lows, and some cases going negative depending on which indices you wish to look at. This is quite unprecedented in recent history. However, we have to anticipate what will happen through the year. I make no claim to be able to predict where inflation will be next year. If anybody does know where inflation will be, I will see you at the bookmakers afterwards.

All of these factors remain for us to consider and will impinge upon our income and therefore the level of feel that we wish to set. You can see from the paper that the consultation responses are all negative and this is not entirely unexpected. I suppose this is no real surprise, as I say, and nobody wants to have to face higher fees, and I do not know of any treasurer that likes setting them. I would like to set a zero fee, I would like to set a negative

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fee, I would like it to be reduced, and hopefully in the future our financial position will be in the place where we can charge lower fees than we do at the moment.

I do not have to relish telling the Council or the members that the fees are going to rise but it is prudent that that is what we do. After many years of having our activities subsidised by the contribution from the publishing arm, we are now in a position where our expenditure on regulatory and on leadership functions is paid for from our retention and premises fees. In other words, we are in a position where we are in a balanced budget as opposed to in recent years where we have run negative budgets. Negative budgets led to a large fee increase in 2008. We want to avoid that position if we can in the future.

This is the lowest fee increase this century and it is certainly the lowest that I can remember going back into the 1990s. Last year, again after consultation, we introduced a low income fee but we also introduced staged payments which was intended to ease the burden as far as possible, spreading the cost of the retention fee over 12 months and four quarterly payments.

We have continued to exercise strict controls over costs. The fees do not go up simply because we continue to splurge money on anything left, right and centre. If you talk to any of the directors here, they all have strict budget controls on them and they have all been continually pressurised to reduce costs. It is not simply a question of us looking at what we would like to spend, thinking of a number, doubling it, and then charging the X per cent. We cannot, however, choose not to protect the public and the profession purely on the basis of costs. We are aware of the pressure that the current economic climate is placing on our members and I can point to recent pay reviews carried out in the Society which resulted in no increase in base salaries for any of our own staff. However, given all the uncertainties that we are facing, I feel that I must recommend to you, as RMC has recommended and as the previous treasurer recommended at the March RMC meeting, that we endorse our original decision to recommend an increase of 2.2 per cent for the retention fee for 2010.

The President: Thank you, John, very much. Comments, please, from anybody? Gerald, first.

Mr Gerald Alexander: I suppose I declare my interest again as a member of the board of management of the National Pharmacy Association although I am not actually going to be talking on their behalf in this respect. If you look at the responses that you have received, the 59 responses, and there were not terribly many, to the consultation, these were mostly from individuals. Yes, they were from individuals but if you look the seven organisations, the CCA, the NPA, the IPM, the Institute of Pharmacy Management, the APTUK and the Guild of Healthcare Pharmacists, UNISON, Community Pharmacy Scotland, all I can say is that the NPA represents the owners of 12,000 community pharmacies in England, Scotland, Wales and Northern Ireland and they are a trade body but they are also a professional body that represents their interests. Now, if you look at the fact that there is only just a few of those organisations, how much weight do you actually put against a pharmacy organisation versus an individual? I think you might find that the weighting would be that that would be a greater number if you were to factor in the 12,000. I am not suggesting that is the case.

All I can say is that since the end of 2008 we have been in recession and pharmacists and pharmacy owners are feeling a great deal of pain as a result of that recession. I know that we, as an organisation, have obligations to fulfil, our regulatory obligations, and I know that we have to perform those obligations as a regulator and going forward as a professional body and the split, it has all been very expensive. I think perhaps we should be demonstrating leadership through our understanding of the concerns raised by our members, I know there were not that many but pharmacy organisations who speak for many of our members, and I just feel that we should perhaps at least consider the option of setting a lower increase in fees, potentially even zero. I am not actually putting that, I am just suggesting that we should consider it.

The Treasurer: I think it is safe to say that it has been considered and it has been considered seriously. I am sure Gerald knows that there is nobody on the RMC and there is nobody in the officers' group who likes putting fees up. It is a simple fact. It is not really my job to tell the NPA what they should be doing about this. I suspect most of their problems are related to activities from the PSNC rather than the Society. In their submission they talked about category end prices and they talked about a whole lot of other issues and national remuneration into the contract, but that is not our doing and whilst I sympathise with them and I myself am a NPA member and perhaps I should have declared that, the company I work for and am director of is an NPA member, I do not like the fees going up in my own case and for the pharmacists that we employ whose fees we pay. We have increased costs and I am well aware of the situation in independent community pharmacy in particular caused by the contract and the financial climate. I think it is safe to say that amongst The President:, the Treasurer, the finance team, the Chief Executive, anguished might be too much but intense discussions have taken place since the last RMC meeting and recently over the last few days. We have given serious consideration to the individuals but also to the CCA and the NPA and the submissions that they have made and this is not being done lightly. However, when all is said and done, my responsibility is to look at the information given me by the finance team and the finance team have done an excellent job over the last 12, 18 months and possibly longer in making this organisation leaner and more efficient and reducing the cost base as far as possible. It has gone up overall because the work load has gone up and there is due to transition costs. We do not do this lightly. To the individual the cost is 2.46 pence a day and I think that going forward, if we can as far as possible create a stable financial position for the organisation, and more importantly for the new organisation, and if anybody can tell me how many members that is going to have, that would help me in the financial climate and budgeting, that is a nightmare going three years ahead when you have no idea how many members you are going to have. I think the 2.46 pence a day, an increase at that extremely low level, even including the situation that exists in the current financial climate, if we can guarantee financial stability as far as we can with that level of increase, then the finance team have done a good job and I think we should endorse that.

The President: John, thank you. You have to be a pharmacist at two places of decimal points but there we are. Steve?

Mr Steve Acres: Just two things. The first thing I need to declare an interest. As Vice President of the Association of Pharmacy Technicians I was involved in the preparation of their submission so I declare an interest there. My statements here come from my position on Council, not APTUK.

I find myself in a bit of a difficult position really. I understand the needs of the organisation to have sufficient income to provide services to registrants and members but, on the other hand, I am a bit concerned about the negative message of a number of issues that are collecting up and landing in the laps of pharmacists and pharmacy technicians in their daily work. I just do not know whether a raise at this point in time will have a negative impact on the potential future membership of the professional leadership body.

The President: Thank you, Steve. Just on that point, Alison who cannot be with us today did ask me if I would allow her to make a statement via the Chair, if you like, and I agreed. So I am just going to read you out Alison's words which resonate with Steve's really.

"Bearing in mind the current financial climate and the responses to the consultation, I do not believe we should increase membership fees at all for 2010. Members are generally of the view that the current fees are quite high enough and there have been negative comments made about the cost of the recent yes vote campaign. Surely now is a good time to demonstrate that we are listening to members by keeping fees as low as possible. Otherwise we risk losing even more revenue in the latter half of 2010 when members may well be free to leave the Society and claim a partial refund."

So that is Alison Moore's view. Dorothy?

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Mrs Dorothy Drury: Thank you, President. I think, John, you said that this was the lowest increase ever but I can remember –

The Treasurer: The lowest increase this century.

Mrs Dorothy Drury: I can remember the year I qualified it was £14 a year and then it went to £28, it doubled, didn't it, and it stayed at that for a long time. So I really think we should try and not increase the fees and it will give a good message out to our members. As I take it, we have got a lot more members coming onto the Register so there should be some more money coming in and if the salaries are stabilising and we have got recession out in the community, are we not getting a break even point?

The Treasurer: I would agree with Dorothy entirely. We have tried to put a zero increase fee in. If it were possible to put a zero increase fee in or, as I said before, a negative increase I would like to see the fees reduced but the fact is in the current financial climate and most importantly with the degree of uncertainty going into the future we have to use what Bob earlier called the precautionary principle. It is the finance director's job and I suppose the Treasurer's job to represent those views to Council as being prudent. Mr Brown's favourite phrase, his girlfriend, Prudence, "I am being unfaithful to my wife with Prudence at the moment", but that is the kind of attitude that we need to have. We have to look forward and make sure that we do not arrive in a position where we were after 2006 and 2007 where by setting low fees we ran negative budgets and got into serious financial trouble. If we do that now that is a worse message to send to the membership than a 2.46 pence a day increase.

The President: Thank you, John. Tristan?

Dr Tristan Learoyd: I am obviously against a fee rise because of my age and my position. Obviously, part of that is reflected on my own financial situation and my age and the group that I probably represent.

One of the things I have looked at is how many £9, and this is a £9 rise, there are in £422, and there are 47. So what we are saying is if we put off one in every 47 members through this fee rise from continuing in April or equivalent to that amount, it actually works out a net loss that we will get from the fee rise. If we look at the percentage of people who we consider disenfranchised from the recent vote yes campaign, which is around 80 per cent of the profession, if the only correspondence they have with the RPSGB is to open up the retention letter in January, it is only two months between the January fee notice and them asking for a refund in April and I think it would have a big consequence, this fee rise. The £9 is symbolic.

Now, to just go on to the financial hardship, obviously, this is a year of negative inflation. There was the CPI figure of minus 1.6 per cent which has an effect on your running costs and you cannot predict for the year, but if we are only talking about that period up to April when people are leaving, maybe we can predict for the next six months. The salaries are decreasing and stagnating, pharmacy payments are decreasing, and there is this general tightening of funds and this reluctance to see a fee rise although I appreciate that is every year, but this year it is more poignant. There is increased financial hardship. There is the implication, as I said, reduced PLB numbers, and they can ask for this refund in April. They are not having to stay with the professional body. It will result in a net loss. Also I saw some quite rosy figures at the AGM which I think need to be clarified. There is not a breakdown in the pack. I think if there was a more substantial breakdown, then Council members would be able to see where the fee rise was coming from. We have been asked to raise the fee by £9 and not really been provided with enough evidence, as far as I see it.

Just to reiterate that point, the last correspondence many members will have will be opening that retention fee notice and seeing it has gone up by £9 and asking for the cheque back in April.

The President: Thank you, Tristan. Can I just make two observations to that?

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Dr Tristan Learoyd: My maths wasn't wrong, was it? I got the maths right.

The President: I have not worked out the maths, that is OK. RMC did have the information available to it and it was RMC's job to reach that recommendation. Council members can always ask for information in advance of the meeting if they want more information to make a decision. That is two despatch points really. I am not expressing an opinion in terms of what you said.

Dr Tristan Learoyd: I think that I have made it explicitly clear in the seven points I made why I am against it.

The President: Yes. Valerie?

Mrs Valerie Turner: Thank you. There is just one point I would like to make. I am not in favour of fee increases because I really do think we have got to go out of our way to encourage our members to stay with the new professional body but there is one interesting fact and that is that a lot of the members, their fees are paid for them at the moment by their employers. We are talking about people asking for their Society fees back come next April, if they decide not to be a member. Well, to start off with, who is that money going to be paid back to? Is it the individual or the employer who has paid it? Are actually the employers planning on continuing to encourage their employees to be members? Otherwise, a lot of these employees have not actually physically paid those fees themselves and now we are going to ask them to actually pay a fee themselves, which is a substantial loss because they may just decide no, they cannot afford it.

The Treasurer: In my experience what happens with many employees whose fees are paid, and it happens in our company, is that the individual pays the fees and claims it back from the employer. In that case, the individuals pay the fee to us so if any refund is due we would pay it back to whoever paid it in the first place. I would imagine that the employer would be aware of this and might want it back off the individual.

The President: Thank you, John. Lorna?

Mrs Lorna Jacobs: It was just a quick clarification under point 1. It says that the Council agreed the proposals at its meeting on 1 April 2008. I presume that is 2009. It is not quite as stupid as that because I was just kind of clarifying because the next issue was in April 2009 what was the inflation figure then? Where did the 2.2 come from? My recollection was that it related to an inflation figure at a specific time but I do not remember what that time was.

Mr Bernard Kelly: Unfortunately, Lorna, I do not have that figure off the top of my head right now. It was related to inflation at the period leading up to the time at which the RMC made the recommendation so it probably did relate back to available figures. The RMC met in March so probably it related to the inflation as at January.

The Chief Executive & Registrar: I think it was December actually.

Mr Bernard Kelly: Was it December? I am sorry, I do not have the information precisely in front of me at this time.

Mrs Lorna Jacobs: The previous year, the increase would have related to the inflation? The fee increases have been related directly or indirectly to the inflation of a 12-month period prior to that?

Mr Bernard Kelly: Not precisely, no. The recommendation on increases each year is based on the anticipation of costs that will be incurred going forward into the next financial year. That necessarily and unfortunately is quite a long way in advance of the actual situation itself. So it is our best guess based on the extra level of activity and how that might itself be

impacted by inflation. However, in recent years, because inflation has been relatively low, that is not the major consideration. What is the major driver to the budgets is the level of activity, whether that is as a result of expectation of increased level of fitness to practise costs, for instance, which is related to the number of cases running through, how quickly we can handle them and the complexities of the cases involved, which have become more complex under the legislation that was introduced in 2007.

As you are probably aware, at the moment we had a build-up of what has been termed a backlog but really let us just call it a slower process whereby cases go through the disciplinary and fitness to practise procedures purely because the process is more complex. Complexity leads to cost. In turn, what we have been trying to do is to push more cases through the available Committee structures and have made room, for instance, in the current year's budgets for us to actually increase the number of days that the Committees are sitting every month, and we are planning to do more of that towards the end of the year.

So that means shuffling budgets around as best we can, reducing expenditure where we feel we can, but actually reallocating expenditure to where we feel it has to be done. So it is not just strictly related to the level of inflation. If we could predict and just fix everything purely according to inflation, we would be in a much better place than we are now. Also then that comes back to the issue about which index do you want to pick? We talk about RPI because it is our favourite index. We have been living with it for a very long time, all of us as individuals, and it affects pretty much our cost of living. RPI has gone negative in recent months. I will declare, because I have got a variable rate mortgage which I struck a deal on, at the time I proved to be extremely lucky because what six months ago was costing me £495 a month now costs me £129 a month. I am better off in my pocket. I am fortunate. The Society does not have a mortgage so our cost structure is not related to inflation although I understand everybody uses that as a headline.

I think we are more cognisant of the impact on people's pockets of the threat to reduced working, zero percentage salary increases, the sort of thing we have been doing this year in the Society, and the threat that comes from unemployment. I think we are very cognisant of that, we are very conscious of it, but at the same time there is a fiduciary responsibility to carry out the process of regulation and to prepare ourselves for the changes going forward into the future. That is the sort of decision-making that the Council has to undertake now. I just leave it at that really.

The President: Yvonne wanted to speak and Brian.

Miss Yvonne Liddell: I am against raising the fees this year. I have read the paper. A lot of the people that voted did not want the fees to be increased and I understand, John, that 2.46 pence per day, is that what you said?

The Treasurer: For pharmacists. I have not worked it out for technicians but it is lower.

Miss Yvonne Liddell: I have looked at the fees and it works out at about £3 a year for me and, yes, I do get the money back from my employer but I have to wait a full year before I get that money back. I am one of the few or the most people now that have not had a pay rise in four years and I understand that I get an attendance allowance from the Society but I am talking as a pharmacy technician out there who does not have any extra income, who has maybe got a family to provide for, a mortgage to pay for. It is only £3 per year but it is a lot of money. A lot of people are struggling. There is a recession on and also you have to pay them just after Christmas. Christmas is an expensive time. It is going to be even more expensive this year because there is a recession. Money is far too tight.

I think if we increase fees now, it will have an effect on people joining the PLB. I think it is time we listened to the members. They do not want a fee increase. They are saying they do not want it. They have given reasons why they do not want it and I think it is time we listened because if we do not listen now, come April, May, whenever it happens, a lot of people are going to say "No, I am not joining it", or if they do want to join the PLB and then they realise

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that they have to pay extra to get into any specialist groups, it is just going to make them even more determined not to join.

The President: Thank you, Yvonne. Brian?

Dr Brian Curwain: Thank you. I need to declare that I was a member of the RMC at the March meeting and I support the proposal that the Treasurer has made. It was agonised over. The inflation figures that we used were of the most recent ones that we could get and the reason for that was particularly because actually it was very difficult to predict inflation going forward. I also take the points that I think both Bernard and Yvonne have made actually. This recession is affecting different groups of people in very, very different ways. The electricity costs for people who are in energy poverty has still gone up by 60 per cent whatever inflation is today. So things are difficult.

However, I think we have to realise that a lot of our membership are also very sensible and they will understand the need that we actually have an affair with prudence at this point because for my money what we want to be doing is to give the new body the best possible start in life. We do not want it to founder very quickly in the early stages for whatever reason and for that reason I think we should go ahead with the recommendation that was made.

The President: Thank you, Brian. Sue?

Mrs Sue Kilby: Thank you for letting me speak. I am not convinced a difference in £9 is going to make an awful lot of difference or influence people a lot when they think about actually joining or remaining members of the new professional body or not quite honestly. I think there are probably much bigger issues that are likely to influence people as to whether they join or not join the future professional body, to be absolutely honest.

What I do have real concerns about is there are -- I am sorry, I ought to declare I am part of RMC as well. I have real concerns that there are certain sectors of our membership that are under significant financial hardship at this present point in time and the situation in some cases is actually getting worse. It will come as no surprise to a lot of people here that one group that I am always very sensitive about is the students and the new registrants that are actually coming on because the level of debt that people are coming forward with is increasing rather than decreasing because of the way that the courses are being funded and people being expected to pay. I raised this at RMC. I have real concerns about putting any increase in costs on those people that are actually first registering on the Register. I also am very well aware that there are other sectors as well and there are junior hospital pharmacists. Again, I have raised this before, about them being particularly difficult, and I also believe, and I am obviously guided by Tristan around this, that obviously the academic sector as well is under quite tight financial restraints. What we have to actually bear in mind is not just this fee that we are actually paying but it is also the professional indemnity on top that we are actually asking these particular members to pay.

So I just think that we need to think about what we are actually doing. The average member, it probably is not going to make an awful lot of difference, but there are particular categories where it may make some difference. We also potentially might get a bit more money this year because of the hospital pharmacies that are actually going to have to register that are not registered at the moment. So that is a tiny pot of money that will actually come in. I just think we need to consider these elements as well when we are going forward.

The President: Thank you, Sue. I will take a comment from Nick and one from Jeremy and then we will go to a vote.

Professor Nick Barber: Thank you. Clearly, this is a symbolic issue. Nine quid is not a good night out. I am still sober after £9. So I think it is symbolic. The problem is it is a small amount for individuals, although some are suffering, but it mounts up. So we have set the Society a course, we have set its tasks, and people have looked at the costs and said this is how much it is going to cost. Now, if we do not increase the fees, then we have to say how

are we going to save half a million quid? I really do not know. If we all felt strongly about this and gave up our personal allowance for attending these meetings for a year, we would not even save £100,000. It is a substantial amount of money to be found and in the size of the Society it is quite a wounding amount of money. So a lot of work has to go in to find out how to save this money over the next period and that has got to be cutting back on the sort of things we wanted it to do in the first place. So I think it is a relatively small amount of money and I think pragmatically, having set the course for the Society, remembering it is such an uncertain time and such a challenging agenda to deliver, I think it would be inappropriate to save quite a small amount of money for individuals and risk wounding the direction in which we want the organisation to go.

The President: Thank you, Nick. Jeremy?

The Chief Executive & Registrar: Thank you, Steve. Well, Nick has said part of what I was going to say. We are driving efficiency savings very hard within the organisation. We are looking for efficiencies everywhere and Council will know that we have imposed a pay freeze that was agreed recently with any performance related supplement being awarded to those staff demonstrating exceptional performance. I appreciate Council freezing the attendance allowance as we have just agreed based on the RMC report. So that and in other areas we are looking for very significant efficiencies. But we also have to invest. We have to invest in speeding up the process of disciplinary proceedings, as Bernard mentioned. We crucially have to invest in the development of the professional leadership body in areas like CPD, in local practice forums, in the new information and advisory service. If we do not invest in those areas, then the risk to the professional leadership body is greatly increased because it will get off to a false start. The kind of sums that we are talking about here, half a million pounds is significant in relation to that necessary investment. That compares with the calculation that John gave of about 2.5 pence per pharmacist member per day. I go back to what Alison Moore said in her e-mail. We do not like putting up fees, we need to put the fees up as low as possible, her words, as low as possible, but this is as low as possible in order to make the necessary investment for the future.

The President: Thank you, Jeremy. It is a difficult one and I think we have heard the views and I do not think there are probably any more views to hear so I would like to put this to the vote and I think to polarise the vote really I am going to ask people to either vote for a 2.2 per cent increase or vote for a zero increase. There is no point in going for 1 per cent or 1.5 per cent. It is just splitting hairs.

So all of those in favour, please, of agreeing a 2.2 per cent fee increase, please show.

Dr Tristan Learoyd: Is it possible to have a named vote on this or not?

The President: Yes. All those in favour, please, of a 2.2 per cent increase, please show.

All those in favour of no fee increase this year, please show.

Mr Gerald Alexander: President, I am abstaining from both votes because I have a conflict of interest.

Mrs Sue Kilby: I am abstaining.

The President: We are not on abstentions yet. The abstentions, please?

We have eight for, eight against, four abstentions. The pressure is on this seat by the looks of it. I have listened to all the points. I really have listened to all the points. I was involved in RMC. John used the words agonised over this decision and we have agonised over the decision but I have to put the value on the new professional body first and foremost in this instance and therefore my vote goes for an increase of 2.2 per cent. So I am sorry for those who are disappointed but I think on balance that is --

Dr Tristan Learoyd: I dissent, obviously.

Mr Sue Kilby: My concern is actually having the increase put on the new registrants.

The President: I am sorry, what are you asking for, Sue?

Mrs Sue Kilby: Not to increase the new registration and the pre-registration fee for this year and to keep it the same. It is not going to make a lot of difference to the amount of money you actually generate but it is actually a token recognition for this particular group of people.

Miss Yvonne Liddell: If you did that, then what about the low income pharmacists?

The President: Thank you for the suggestion, Sue. I do not want to open it up. We have had a good debate on it. We are where we are and we have made a democratic decision on that. Thank you very much, Council. I need you to approve (iii), please, assigning the common seal. Thank you.

16. Re-organisation of Society

The President: Let us move on to item 16 now, which is paper 83.

The Chief Executive & Registrar: Thank you, Council. Could I just draw your attention to paper 83 which Viv is going to talk through but also just to point out that it says the action required is to note progress in relation to the second stage of internal reorganisation to create the structure for the PLB. We brought it not into the noting section of the agenda but into this section of the agenda so that Council can be confident that it is discharging its duty to oversee the effects of management of the organisation. So it is a note but with what I would call a gross negative check. If anybody said there is a serious issue here, then we would want to take note of that. So we are asking you to note it but with that responsibility in mind.

The President: Thank you, Jeremy. Viv, thank you.

Mrs Viv Murch, Head of Human Resources: Thank you, Jeremy, and Council. I am here to appraise you and to give you an update where we are on the second stage of the restructure as we move towards the PLB. You may recall that Graham Duncan and I did a joint presentation at the last Council meeting in relation to the two work streams that we are engaged in. His is the business planning and mine is the OD work stream. As a result of the work that had been done to date we were at the point of consultation with staff over the introduction of a new organisational structure moving forward which would be the foundation for the PLB. The actual foundation of the structure that we had put together was really a reflection of the prospectus and tried to call upon what was actually coming out from what the membership wanted in relation to the organisation for the future.

We actually began that consultation with staff at the end of May, on 28 May, and the consultation itself continued until 6 July. We did receive a large response to that consultation and we answered over 150 questions and we had some very good feedback from staff in relation to potential changes that could be made. The executive group then considered all those consultation responses for a further two weeks with the end result that we did actually make some changes to the original structure that was put forward.

The main changes that were made was that within the original structure corporate communications did actually sit under the marketing function but in relation to feedback we received it was moved to sit under the Director of England. The second change that was made was that we deferred the decision in relation to the science and research areas until the work stream had been completed on that because we recognised that there should be some reflection from the work stream and what was proposed within that. The third main point that we actually changed the structure on, we did get an alternative proposal from a member of the museum staff about a different structure we could have within that area which would actually not increase the cost base but was felt to be more effective operationally and that was adopted.

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We fed back to staff on the last week, on 28 July, the decisions that we had made. During the consultation period we also took a number of meetings both with the transitional reps who are elected staff representatives and also with discussions with individuals on how the rules were going to affect them, the fact that we were looking at potential redundancies, of which at that point we were looking at the disestablishment of 25 posts.

So we did do quite a lot of work in that area and also alongside that we have also supported staff through what we realise is a very difficult time by providing support in relation to training and development, on CV writing, and just generally giving them support on the emotional side of what is obviously a very concerning time for them.

The point we have now reached is that we have gone live with the new roles, because there were a number of new roles identified within the structure, and we are beginning to populate those. We are giving staff who are at risk the opportunity to apply for those roles first and, following that, we will be actually then going externally for the remainder of the roles if there fails to be internal candidates who can match the criteria needed for the new roles. In essence, that is where we are at the moment. The next stage of the OD work, once the population of the structure has been completed, will be to do the training and development and supporting of the individuals within the new structure because one of the things that we recognised and have cited from the beginning and did actually get response from staff about was going forward we do need to work in a very different way than we have done previously. We need to be much leaner in the way that we operate, not paper driven, and in relation to that we are introduce system such as CRM and also measures such as Sharepoint which will cut down on the paperwork and the need for so much administrative support across the organisation.

The President: Thank you. Gerald?

Mr Gerald Alexander: It is probably what you were talking about, the difference between -- (inaudible)-- I am quite happy to note it. I am not sure we are in a position to approve it. I think that is Jeremy's delegated function to reorganise the Society.

The President: Thank you, Gerald. I was going to suggest this was to note the progress. Any comments on this? Nick?

Professor Nick Barber: It is clearly a really difficult and delicate job. Well done. It seems to be going as well as can be expected.

Looking longer term, one of Council's responsibilities will be that the organisation can be delivered within the sort of budget which is going to be related to the guess about the fee income and uptake, and so on. The next phase I would be looking for would be to see what the costing of this turns out to be. I do not know whether you or Jeremy would be the appropriate person to respond to that. At what stage do you think we get some idea of the budget that would be needed to keep the professional leadership body going in the future and whether we think that is viable or not or whether there needs to be a second phase of iteration to say it is not in one way or another?

The Chief Executive & Registrar: Thank you, nick. We are pretty well advanced on the business plan for year one of the PLB and the highlights of that were what Graham Duncan presented alongside Viv. So we have fitted this reorganisation with the business plan so the two work together and the business plan obviously has, as an important start point, assumptions about revenue and can that revenue support the kind of structure that we have got? If, during the course of 2010, that revenue is not secured, then we have to take a fresh look at this structure and either support it with funds from publishing, with the intent of further investment in it such that we can generate additional revenues, or we have to make some hard decisions about slimming down the structure that we have got. It depends on how far adrift we are from our revenue projections as to which of those courses we place more emphasis on but certainly at this stage I am very keen that we should not go off at half cock,

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that we should actually have an organisation that can deliver the promise in the prospectus.

The President: Thank you. Bob and then Marcia.

Professor Michell: Thank you, Chairman. It seems to me likely that whenever demerger occurs, next March, April, whenever it is, people will not immediately jump into the pool. They will think perhaps, well, let us see how the new organisation pans out for a few months, perhaps longer. The reason I say that is if you have got what you think is the right long-term structure, have you got enough reserves to keep that running if membership picks up gradually, rather than immediately rocketing up to the target membership which, to me, seems improbable?

The Chief Executive & Registrar: Thank you, Bob. It is a very good question. We are starting, of course, with to a certain degree a retention strategy in that in 2010 those people, those members, who do not wish to be part of the professional body will have to actively opt out and claim a partial rebate on their 2010 fee. So in that sense we are working from a good base, a retention base, rather than recruiting from zero. I think 2011 is going to be the critical time when people have to make an active decision and that puts the emphasis on 2010 showing the value of the professional body, which is another reason why we really have to go for a good robust service in 2010 that is well supported by the resources, and that is what this structure is designed to deliver. By the time we get to the end of next year, people will see the value of it and are prepared to commit to 2011.

The President: Marcia?

Ms Marcia Saunders: First of all, I welcome this paper. It particularly helped me in tackling the previous issue we discussed because I was a bit concerned that we might come up with a top heavy structure and this was definitely not that and I really commend you for that.

I think the question that I have or the comment that I have follows from both Nick's and Bob's, which is are you planning to undertake some kind of risk analysis and contingency planning? I do not think it is probably good enough to wait until you know how it pans out. I think you are going to need to be very nimble and be ready to cope with anything that does happen either in the course of the transition or in the external environment.

The Chief Executive & Registrar: Yes, that is a good point. I did not mean to suggest earlier, Marcia, that we are going to wait for leaks to appear in the roof before we did anything. We are running a number of different business planning scenarios and Graham is well on the case there and obviously there are several variables in that, the key one being the fee that we are likely to be able to secure per member of the professional body, and we are looking at alternatives around that. That will have some impact on the business plan as a whole so we are going to keep that under constant review.

The President: Thank you, Jeremy. Bob?

Professor Bob Michell: May I return to this very briefly when we are in confidential business because there is a pertinent question I want to ask but not in public business?

The President: OK, Bob. Thank you. If I should forget, I am sure you will remind me, thank you. Ray, did you want to make a comment?

Mr Ray Jobling: Yes. I support the paper. I see no alternative to what is happening and I just commend what is happening. I have, however, worked in organisations which are restructured and have slimmed down and then we found ourselves sliding into buying in consultancy based operations, and so on. I am not here to teach people who know more about this than I do how to suck eggs but it is a worry so I think it must be tough going forward in that respect.

The President: Thank you, Ray. In the absence of any more comments then, could I just

ask Council to note this paper. Thank you very much for the work that has been done. I understand it is a lot of work. Thank you very much, Viv, and the team for doing that.

18. Appointment of one Council member to RPS Publishing Board

The President: Let us move on to the next item, which is item 18, paper 85, if I could ask Bob, thank you.

Mr Bob Bolick, Director of RPS Publishing: Thank you, Mr Chairman. I am told that I need to give you a notification of a change of title of this paper. The length of the title of the paper reminds me of the chapters of Laurence Sterne's Tristram Shandy where the hero sits before the Council to tell them that this is et cetera, et cetera, et cetera. So the title of this is actually a call for Council's nomination and appointment of one Council member to the RPS Publishing Board and the approval of the reappointment of former Council member, Andrew Gush, to a currently vacant non-Council member seat on the Board. All of that is covered in the paper.

We do have a vacancy for a Council member non-exec and the usual procedure is that the Council members make a nomination of a Council member or self-nominate, and then it goes to the Appointments Board. So that is needed at this point. We also have Andrew Gush, who is our only pharmacist on the Board at the moment, who stepped down in May. Now, our next Board meeting is in September and he has graciously agreed to continue attending the Board meetings. There is a vacancy that was created by Professor Florence's resignation I think last year or perhaps the year before. So there is a non-Council member slot open so we could move Andrew to that.

I call the Council's attention to the fact that at the point of demerger we will have to take another look at the governance papers, and so on, and make adjustments for that. So it will be food basket turnover at that point again. I would like some continuity from now through until that period so Andrew's offer and the Chairman's suggestion is welcome. So that is being asked for approval as well.

The President: Thank you, Bob. I am taking it as read that Council members are content to submit expressions of interest, can we say in the next fortnight? Is that appropriate?

Mr Bob Bolick: That would be helpful.

The President: A bit sooner than that?

Mr Bob Bolick: Sooner, yes.

The President: By the end of next week, please, submissions of interest, and that you will be content for the Appointments Panel to make an appointment on the basis of those submissions. Sue?

Mrs Sue Kilby: Can I ask, do you need to have a pharmacist member?

Mr Bob Bolick: The paper goes through some of the criteria for Council member seats. A Council member with some experience of publishing would be welcome, a Council member with practice and possibly business experience would be relevant. I would also mention that with Professor Florence stepping down, that we are lacking an academic in pharmacology, pharmacy, et cetera, et cetera, although we do have an academic on the Board still. So that would be a very welcome feature. I would prefer that we have a pharmacist with a wonderful set of criteria, clinical, academic, something known about digital publishing, et cetera, et cetera. If any of you are the perfect member, please step forward. I hope you will nominate yourselves.

The President: In the absence of that impediment to do otherwise, I am sure expressions of interest from the widest group possible would be appreciated.

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Mrs Sue Kilby: Because we have got one lay member, I am just wondering whether it was supposed to be a pharmacist member for that other position.

The President: The information before us does not give us an indication on whether it should or it should not, basically. I am sure it would, I am sure it would say it is to be a pharmacist, so I am just calling for expressions of interest generally.

Mrs Sue Kilby: Thank you.

The President: The appointments Panel will make a decision based upon those expressions of interest. So that is (i) and (ii). Can we have a discussion about (iii)? Does it need a discussion or are we content that Andrew continues for continuity until the new professional body? (Agreed) Thank you very much, Council. Thank you, Bob.

19. Reference from Governance Committee

19.1 Council Governance Handbook

The President: Moving on to item 19 now, which is paper 96, which concerns a reference from the Governance Committee on the Council Governance Handbook, this relates to the issue we discussed at the last Council meeting which I think Bob raised with us. Lorna, thank you.

Mrs Lorna Jacobs: You are wanting me to talk to the Governance Handbook paper. I do not know if there is anything people want me to say about it. I think the paper is fairly self-explanatory. There were two issues, one relating to the harassment and bullying statement. That was raised at the last Council meeting about the issue of ensuring that reasonableness was considered. The Governance Committee looked carefully at that and I think it was really a matter of balancing the two, of ensuring that the point was made clear that the perceptions of the victim are significant but that the test of reasonableness would be applied, which is the first point.

The second point on teleconferencing, I am sorry, I will say what Alan was saying to me, which was that the issue we were concerned about was that when you are into teleconferencing it is very difficult to ensure transparency, to ensure that other people are able to be present or aware of the meeting. Whereas we recognise that there may be occasions when teleconferencing is appropriate, and that is what the amendment was, the previous amendment in standing orders, when The President: or the Chair of the meeting is considering whether or not teleconferencing is appropriate, that it should be important they take account of that need for transparency. That was what we hoped we had achieved by adding these extra words, taking account of the need for transparency. It has been brought to my attention that it might be clearer if it said, if I take you to 8.6, "At the discretion of The President:, but taking account of the need for transparency, meetings of the Council may be held in the form of a teleconference".

The President: Add a "but".

Mrs Lorna Jacobs: Yes, so it is making clear the need for transparency may work against teleconferencing.

The President: Thank you. Seema?

Miss Seema Agha: I am a member of the Governance Committee. I am sorry I did not pick this up earlier, Lorna. We talked about people with disabilities and the importance of appropriateness around that kind of meeting, whether it was appropriate and needed to be considered as well for individuals, whether there was appropriate equipment set up, whether it was appropriate for the participants that they could actually participate. There are people who do sign language and you would not get that across in teleconferencing.

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The President: Alan?

Mr Alan Kershaw: Having just thrown the word “but” into the water and made a splash with that, I think that solves the first problem. I think that is probably covered by the text here because it does say “using other remote conference facilities which allow all committee members participating to hear and address one another”. Now, part of allowing everyone to do that is providing the proper equipment so I think as long as we understand that is what we mean by it as much as anything else, I think we are probably OK with the text as it stands.

The President: Over the page I think, Seema.

Miss Seema Agha: OK. As long as we understand we had quite a good debate in Governance and we tried to address that. If everyone understands, that is what our --

Mr Alan Kershaw: If we just put it on the record that that is very much included in this, then we know the point is covered.

The President: Marcia?

Ms Marcia Saunders: We did have quite an extensive and very good discussion in Governance and perhaps it is worth just saying that we did not think that the default position would be that there would be teleconferences. We thought that the circumstances under which teleconferences would be held would be relatively circumscribed and they would not be very frequent but we also thought it might not be full meetings. There might be occasions when a committee needed to deal with one particular item very quickly and deal with that by teleconferencing. I can assure people, we did discuss it at great length. Seema’s point is a very important one and for all members it is often very difficult to really understand what is going on unless you are looking at each other.

The President: Thank you, Marcia. Lorna?

Mrs Lorna Jacobs: I have only just got the minutes earlier on today but I think we also considered, to take into account Seema’s point, the value of having some guidance or something of that sort in terms of training for chair people as to if we were to teleconference, what are the kind of extra issues you should take account of?

The President: Thank you. Bob.

Professor Bob Michell: Two quickies. In my experience of teleconferencing, it is rather important for the Chairman to be in the same building as the secretariat person so that quick checks on continuity, facts, et cetera, can be done without disrupting the whole thing.

My other comment goes back to (i), which was the thing that I set running originally. I think the amended wording is acceptable, except for the little typo I think most people will have seen, “actions or comments”, not “actions of comments”.

The President: Thank you, Bob. So can we agree (i) and (ii), please? (Agreed) Thank you very much.

FOR NOTING

20. Schedule of Council and committee meetings 2010

21. Council meeting to be held outside London

22. Council update

23. Appointments Panel report

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24. Report of the Returning Officer: election of Council members 2009

The President: So we are now into the section for noting and items 20 through to 24, that is papers 88 through to 91, are just for Council to note. Phillida?

Dr Phillida Entwistle: May I just make a comment, and I have not warned you about it before, I am afraid, under the programme for 2010 which hopefully will end on 31 March.

The President: That is paper 87.

Dr Phillida Entwistle: Yes. Is it your intention that this Council will still be required to attend the AGM which deals with the financial affairs that we have overseen?

The President: A good question, Phillida. Bernard, do you have a view?

Mr Bernard Kelly: I certainly will keep my fingers crossed but I cannot give any guarantee of that. I think we also have to understand that once the GPhC comes into existence the Council will need to take some time before it can unravel or change, shall I say, the existing Charter arrangements and the governance arrangements and I assume therefore there is going to be continuity. I assume there is going to an AGM in May, as usual. Now, whether you want to invite or expect all Council members to attend, I do not know, but at some stage someone is going to have to sign off the annual accounts for the Society as at the end of December 2009 so I think one must assume continuity as far as possible.

The Chief Executive & Registrar: I think that is right. If I may presume, I think it would be quite appropriate for Council members to attend that AGM because it is an AGM that is reflecting the year that has just passed during which all Council members were in office.

Dr Phillida Entwistle: So that is a yes then?

The President: Yes.

Dr Phillida Entwistle: So you will need to have some sort of budget proposal to cover the costs of that event?

The President: Yes. Thank you, Phillida.

25. Any other business

The President: I have not been notified of any other items under any other business, which is item 25.

So that concludes the business for the public part of this Council meeting. Can I thank our guests, please? I hope you found that interesting. I ask you to leave the room now as we go into confidential business. Thank you.