

ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

Transcript of the Public session of the Council meeting held on Wednesday 31 March 2010 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].

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's agreed policy.

PUBLIC BUSINESS

COUNCIL MEETING

Present

President	Mr S Churton
Vice-President	Mr M Astbury
Treasurer	Mr J Gentle
Mr S Acres	Ms S Agha
Mr G Alexander	Mrs M Allan
Mr D Carter	Mrs D Drury
Dr P Entwistle	Mr G Hall
Ms S Hikins	Mrs L Jacobs
Mr A Kershaw	Miss Y Liddell
Dr T Learoyd	Mrs S Kilby
Professor B Michell	Mrs A Moore
Ms M Saunders	Mr D Thomson
Mrs V Turner	

In attendance

Mr Sultan Dajani, Vice-Chair English Pharmacy Board, Ms Nuala Brennan, Chair Welsh Pharmacy Board, Mrs Sandra Melville, Chair Scottish Pharmacy Board and Mr Jeremy Holmes, Chief Executive & Registrar

Mr Steve Churton, The President: Good morning, Council. I trust you have had reasonable journeys here today. I know some people have not been able to get here. I notice that a few people are late and I have got one apology for lateness and that is Yvonne who will be arriving later on this morning. Has anybody seen John or Sue or Sylvia yet?

1. Welcome of guests

The President: First of all, welcome to guests, Professor Joy Wingfield, David Morgan is a guest with us today, long-standing Secretary of the Clwyd branch, David, Chairman of CPP, and also recently appointed as the admin lead of the North Wales Local Practice Forum. Welcome, David and Joy.

Helen Gordon, our new CEO, will be with us this afternoon. She will be joining us for lunch today which will be nice for you to meet Helen, and she will be attending this afternoon both for the public and confidential business sessions. Mrs Gordon would be taking up the appointment as Chief Executive of the Society on 1 July 2010.

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's agreed policy.

I also welcome Sandra as Chair of the Scottish Pharmacy Board, Nuala as Chair of the Welsh Pharmacy Board, and Sid as Vice Chair of the English Pharmacy Board.

2. Apologies for absence

The President: Apologies for absence, I have got Nick Barber's apology. He is currently away filming for the Victorian Pharmacy, excellent casting, if you ask me. Kay Blair is unable to join us today and those are the two apologies we have got recorded.

3. Declaration of interests

The President: On to item 3, declaration of interests. Yes, Bob?

Professor Bob Michell: Thank you, President. I would like to declare the interest that I am a member of the shadow PLB or the shadow assembly and to make it clear that certainly in today's discussions I shall be continuing to act in the way that I always have as a member of this Council.

The President: Thank you, Bob. Any more declarations of interest at this point? There will be some more, I am sure, for various items going forward. I will take the rest of the assembly members as declarations of interest automatically, thank you.

4. Minutes of the public business part of the meeting of Council held on 2 & 3 February 2010

The President: Item 4, minutes of the public business part of the meeting held on 2 and 3 February, I believe these represent a fair and accurate record of our discussions and our decisions. Do I have Council's agreement to accept them? (Agreed) Thank you very much.

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

The President: Matters arising, I have none notified but are there any matters arising from those minutes? Yes, Lorna.

Mrs Lorna Jacobs: Apologies for not raising it earlier. I was just wondering if we have an update on item 10/13, which was the English language competence. There was a letter written to the Care Quality Commission. I wondered if we had had a response to that.

Mr Jeremy Holmes, The Chief Executive & Registrar: We have not had a formal response to either of them. Informally, we understand the Department is listening to the representation and is reconsidering its position but we have not had a full response to either of them.

Mrs Lorna Jacobs: Thank you.

The President: Any more? OK, thank you.

Professional leadership matters

6. Science & Research

The President: On to item 6 then, the science and research paper. Council will recall that this item was suggested, I think, by Bob, actually during our discussion at the last Council meeting. It was felt that a discussion around the future approach to science and research in the new RPS would be useful to inform consideration of the assembly. Catherine will lead the discussion this morning and we have got Jayne and Beth to help her as well and we will time this at -- do not look at the clock on the wall because it says 13 minutes past nine for some reason so do not be fooled by that. We will time it at 45 minutes maximum. Thank you, Catherine.

Dr Catherine Duggan, Director of Professional Development & Support: Thank you, President. Hello, council members. As Steve said, at the last Council meeting it was agreed that we would draw together the project work that we have been undertaking in science and research into more like a business plan and present it to you today with two resulting actions:

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's agreed policy.

one, to prompt some discussion and comment from you about the proposed vision and strategic objectives and ways forward and also for council to make a recommendation to the shadow assembly and then also to invite other charities and stakeholders to present the next assembly meeting. Those actions are on the slide there and in your notes.

I thought it was useful really to provide you with a very brief overview of the documents that you have been sent as well as with our proposals for how to take this forward, pre-demerger and post-demerger for your consideration.

So what I thought we would do is just take you through very briefly an overview of the science and research vision and plan. The vision document that is in front of you outlines what the PLB proposes to do in terms of science and research for the profession, public and patients, take you through the four main deliverables which are around the fundamental place of science and research in the professional leadership body, the member needs for science and research and how we can continue to support that, how science and research influence practice, policy and current affairs, and the internal support science and research can provide to the leadership body.

The background you will all be aware of but I thought I would take you through essentially an overview of the paper. The fundamental place of science and research, it seemed very obvious and evident at the last council meeting that science is really what sets us as pharmacy apart from other health professions, especially our unique contribution to healthcares through our unique science base, for example, pharmaceuticals, pharmacognisance(?), formulation of sciences, as well as the breadth of science that we learn as an undergraduate all the way through our training and education.

So how does science underpin the professional leadership body? It needs to be explicit as well as perhaps, as it has been to date, implicit in the vision for the leadership body. Additionally, we can view research as being future proof for our leadership body because research can help us with horizon-scanning, can help us with providing evidence to leaders and policymakers across not just pharmacy but the other health professionals and across different boundaries and international work as well. So really it is about us explicitly stating quite clearly where we see science and research fitting. There may be an understanding that it is implicit throughout everything that we deliver across professional development and support as well as having some direct services that we can provide for members as well.

Moving then on to member needs, really we need to be a leadership body that is the voice of the profession and an awful lot of that relies on the fact we need to be able to access and communicate the evidence base eloquently. We have had recent examples of the success of this but I would say that pharmacy really has pushed its way forward in healthcare based on the evidence of our contribution to patients and public.

We can also encourage our academic and industrial colleagues to join the PLB by offering member services that are directly beneficial to them and explicitly stating the place of science and research to all members of the leadership body.

There is a role there for us to support capacity in terms of science into practice, crossing sectors, as well as research support, so there is a real member service there.

Recent research that was undertaken through the science and research work stream for the transitional working group indicated that more than three-quarters of the profession who were interviewed wanted to be engaged in research and evaluation in some capacity. Now, although that is a small sample, if you like, a large majority of that small sample want to be engaged and that is very much in line with the MAG Report in 1997 which for medical professions, so pharmacy was included, said you wanted 100 per cent to be research aware, 10 per cent to be research active and 1 per cent to be research leaders, and we can place this at the cornerstone of our aspirations for science and research in the leadership body.

We also have a huge role in the information and advice and support that we provide for members through our professional support services so this is another point where science

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's agreed policy.

and research underpins some of the member facing services that we deliver, as well as some CPD support as well. All of this is outlined in your papers.

Then, additionally, from a leadership and advocacy point of view, if I take to you section 5.2, you will see there is a practice policy and public affairs win-win from science and research really around how we can engage stakeholders, how we can work with our colleagues in PR and communications to make sure that any leading edge research or any science developments are communicated to the profession internally but also externally to other professionals and policymakers, as well as also providing support to members who need to be able to access and communicate that information in a user-friendly manner. So we have all sorts of interfaces where science and research can engage members as well as support members as well as be a leadership role for them.

So what I thought I would do is just allow Jayne and Beth to take a moment to talk about the successes of the transitional working group project and then I will take you through our plans for sustaining staff and capacity until demerger and then some plans for post-demerger as well. So I will move to Jayne first about some win-wins for science so far.

Dr Jayne Lawrence, Chief Scientific Advisor: Actually we are doing it as a split job. Those of you who have been involved with the Society quite a while, and most of you have, will realise that up until recently science and research were two separate entities. Last May when you asked for us to draw together a programme brief and vision for the TWG, it was envisaged that science and research would be working together and that is actually what has been happening and we are now effectively a joint team which I think is actually very beneficial and it is where we really should have been all along. So a lot of the work we are going to be talking about, some will be science based, some will be research, but a lot of it is actually work that has been jointly done within the new science and research team.

I just want to say that the vision that is articulated in the business plan in front you is actually the vision plan but in an expanded form that was presented to the TWG last year, so this is what we have been working on since that particular time.

So I will just go through some of the things that we have been doing to the TWG brief and that have arisen from the TWG programme as well, and Beth and I are going to do this alternatively. So I think Beth is going to tell you about some of the work they have been doing around supporting the profession for research.

Ms Beth Allen, Trust Research Manager: A lot of you will already know some of the work that is active in science and research from us visiting the Boards but you will have seen recently in the Pharmaceutical Journal we have been doing a series of articles trying to engage membership and the importance of research. These are really a lead-in to some work that we will be doing around producing guidance documents which are very pharmacy-centric about how you develop research in practice, so when you have a head-scratching moment and you think you have got a really good idea and you do not know where to go with it, how do you develop that? They will be very specific to pharmacy and we want to include examples of audit so that pharmacists can see that what they are already doing is a steppingstone to doing fuller research programmes. So those PJ articles will lead into some research guidance documents mainly aimed at community, hospital and PCT pharmacy and then from that there will be steady releases where we upgrade those to perhaps looking at qualitative and quantitative methods, looking at specific methods, statistics, how to do a grant application, those kind of things, so that pharmacists can get more and move involved at their own pace. I think that those articles in the PJ have already started to create a bit of a buzz and I know that the PJ is interested in looking at how they publish more of the non-peer reviewed, smaller scale practice research that is going on so that we can share that best practice more effectively. Jayne?

Dr Jayne Lawrence: Thank you. Some of the work that actually was started in Science Committee at the time of the TWG science and research programme actually comes from some work Catherine was doing with consultants and specialist practitioners in hospital when it was realised that they cannot perform their function without having a very good

understanding of science. So although they have got to the top table and they understand all the clinical work, unless they can actually have their unique selling point, in other words, the science and how science supports the clinical work, they do not deserve that place there.

So with the help of Colin Cable in particular but also Leanne Daly from King's who has been helping us partner or develop this work, we have been trying to develop some tool kits that will be for schools of pharmacy but also for early year pharmacists showing how science actually is needed in practice. So, for example, we have been taking actual examples where there have been scientific problems that pharmacists have had to answer, particularly in hospital, to illustrate that. With King's, we have been developing those actually into some debates so students had to debate the pros and cons of the potential scientific answers to those questions, they had to look at the evidence, and they also had to debate the ethics issues. One of the ones we used was that Thalidomide. Obviously, that is a very topical one and it has got some very strongly held ethical problems associated with it. So we have been using that to try and support the students to have the confidence to make those decisions because, as you know, often there is no right and wrong answer to these questions. You have to use your knowledge and come up with what you think is the best answer. That has been very successful and students actually loved it and the feedback was incredible. So we are actually thinking of perhaps having a national student debate around these issues where we can get all the schools of pharmacy involved in that and we are hoping that Olivia -- she has agreed in principle that she will have a write-up about it in the PJ in the future just showing how that was effective. So that is something that has been very useful.

Another thing that we have been developing within TWG is what we have been calling local science forums. It became very clear early on, and this work has been done in conjunction with Gillian Hawksworth, that we needed to get the scientist integrated into the local practice forums. Unfortunately, as you know, in some of the local practice areas there are no schools of pharmacy and there are not industries to tie into that. So we wanted to think of some other creative way we could actually ensure that we have got the science feeding into the local practice forums and we have come up with a plan that involves a network. We will have a local network, if there is the possibility of getting scientists involved in practice forums, and in areas where there is not that possibility, we will have a national network of scientists all linked in. Surprisingly, although there is a lot of scientific groups out there, they do not all talk to each other in a coordinated way so there is not a national network where one type of scientist could talk to another type. So this is something that would be supporting the local practice forums but also it would be supporting the scientists in enabling them to have that network. So that is something that is ongoing at the moment and, in fact, I am meeting Gill this afternoon to talk about taking that one further.

So I think over to you, Beth.

Ms Beth Allen: In conjunction with that piece of work, we are currently working on a document which is to support the LPFs in developing a research agenda locally and we hope that this will be something that will go into the LPF tool kit. Really it is about strengthening the message that while practice research is a core function of the LPFs it should also be integrated into all the other core functions of the LPFs to be most effective. In that we want to provide quite a lot of signposting to existing national resources that they can link into to develop research and also give some practical examples of where things are starting to happen locally in different areas because there is no real one way to develop practice research locally and so giving some examples of different ways in which people are starting to develop their own agendas.

Dr Jayne Lawrence: The last one, I just want to really update you on progress. I think last time when we came to talk to Council we spoke about our desire to set up an expert advisory panel which would replace -- initially, it was going to be just actually Science Committee but I think it should have a lot of implication in practice as well. Just to say that we have actually worked this up now. We have got a call out for nominations for the Panel. The call finishes, I think it is 14 April, and we have Duncan Craig as the QHOPs representative on the Assembly, Steve Wicks as pharmaceutical scientist as representative on the Assembly, Christine Bond, who was the external sponsor of the work stream. They will actually look at

these nominations and select them. Now, the idea of this Panel was really to perform high level functions, to look at strategic planning, horizon scanning, input into consultations if so desired by the new professional body.

We sent the call out and if you know people who might like to apply, it is still open and I can give you details, but we wanted to have a very broad panel that would cover the whole of pharmaceutical science from the very fundamental applied science right the way through to social science and we wanted people from all parts of the pharmacy profession. I must admit, I have been delighted so far. I think nominations are going exceptionally well. We did look at about 15 for this Panel which will work in most cases through a network type system and we are getting very close to that already. We have just got some fantastic people willing to stand so I think that is a real encouragement for the new professional body. So if there are other people out there who would like to apply please get your nominations in very quickly. We are hoping we will have the panel up and running by summer so I think that is something that is very positive.

I think you are to finish, Beth.

Ms Beth Allen: It was only a wider comment really in terms of while we are having quite a lot of wins for RPS, we are also doing business as usual at the moment, so we are supporting IS and the inquiries that they get from members and the various other aspects as well as maintaining a portfolio of work for the regulator. For example, the technician census is just drawing to a close and although we have still got questionnaires dribbling in we have got about 73 per cent response rate which is really good as a base line data for the General Pharmaceutical Council moving forward.

Dr Catherine Duggan: Thank you very much, team. I think this has been a very useful exercise and I thank Council for allowing us to come and present a business plan because it has allowed us not just to talk about the work that was requested by the Transitional Working Group to future proof science and research for the new professional body, it has actually allowed to us work on business as usual and to perhaps extract more member benefits from that than we had done previously. So it is about us learning to be explicit about all of the things that science and research contribute to member benefits.

You will have seen this in the action plan in Appendix 1 and I am sure, based on action 1, there will be some comments made on that. I would just like to give you a very brief overview on some recent plans and decisions made in Appendix 2. I apologise for the late tabling of this but you will understand business as usual is pretty busy at the moment. So we have just finalised these plans. So by demerger you will see, -the top of Appendix 2, that what we have done is we have committed to extend the contracts of our existing research staff, science staff were already committed too, and this is to deliver these outputs that you see, the staffing demerger heading for the RPSGB, including the commitments to the PPRT and the regulator to demerger. Then what we have done is we would like your comments and recommendations to the Assembly to approve the potential staffing structure overleaf which is around how we might underpin science and research moving forward. Overleaf you will see the commitment gift in kind which, of course, is the Assembly's recommendation to the PPRT for 1.5 FTEs, which was always the case. Additionally, on the RPS central panel of that diagram, you will see on the left-hand side the science team which has already been committed to and then the others that are proposed for the Assembly to make a decision on post demerger are the 1.5 FTEs in research for the RPSGB and potential funding from the GPhC. That comes from Beth's work to delineate the work that is ongoing for regulation at the present time which will probably need to be sustained moving forward but that is a decision for the GPhC.

So without further ado I will hand over to Steve who will chair the discussions and points and we hope to get to the action points by the end of that. Thank you very much.

The President: Thank you, Catherine and team. First of all, David, you have got a comment.

Mr David Thomson: Thank you, President. Thank you, Catherine and team. The paper does reflect a huge amount of work. My concern at the moment is reading it, it reads very much as an English paper and I think it is probably unintentional but there are omissions that it does not necessarily reflect or apply -- it appears not to apply to GB. It is just fine-tuning. I would be quite willing to help. It just needs subtlety around some of the wording and perhaps I am more sensitive to that than others around this table.

Another aspect, just to touch on, is what status does the vision document have currently? My recollection previously was I remember being very critical of it at one point because it looked as if it was more a catch-up to developments and perhaps elsewhere in Great Britain and if there had been no amendments to that document I think I would be concerned if we were pinning our hopes on that document as it was at the last sight of it.

Dr Jayne Lawrence: Can I just very quickly answer the first question? I agree fully with what you said and we are actually aware of that and what we were hoping to do, although it is not in the document and perhaps it should have been, we are actually hoping to have one person in the team associated quite closely with each of the National Boards. So, for example, that would be Colin Cable in Scotland so he could actually work with the Board on more local issues around that area. So I hope that slightly alleviates your concern in that matter.

Mr David Thomson: I could certainly help with some of the –

Dr Jayne Lawrence: That would be great.

The President: Jeremy?

The Chief Executive & Registrar: If I may, on the wider question of the vision document, it is going through quite substantial revision, David. It has been taken to each of the three National Boards and the common theme is that it needs to be more aspirational, more inspirational, but also we are seeking input from each of the National Boards to a small supporting section on actions that are particular to their country that will help to realise that vision. So it has got a how-to section. We aim to do this but in Scotland we are going to do it by this, this and this, which may be slightly different to in Wales or in England. So that work is currently under way.

The President: Bob?

Professor Bob Michell: Thank you, Chairman. The first thing I want to say is that I think it is an absolutely excellent paper and I would not fault or criticise anything in it. The comment I am about to make is an additional comment.

I begin with something that I have said before, except that now people you have got to believe are saying the same thing which is that despite all the necessary lying and concealment ahead of the general election there is no doubt that NHS budgets will be crucified in the first emergency budget to follow. The reason for that is quite simple. Anybody with romper room maths can see that if you protect the NHS, anti-terrorism, defence and schools what you end up with is a cut-back on everything else that would make the poll tax riots look like a small protest about rain at Wimbledon. It is just impossible to protect the Health Service. So that means there will be savage battles as to who delivers what and at what price.

It is quite clear that there are huge and legitimate opportunities for pharmacy there and to realise those opportunities it is essential that not only the public but your own colleagues, including the ignorant minority, understand the nature of the scientific role in modern pharmacy. I cannot over-emphasise the importance of making sure that the ignorant minority understand it equally well because I am reminded of a letter that appeared in the PJ three or four years ago, very gun-ho, from somewhere out in the sticks, from someone who could not see what all this science had to do with anything that he did in his every day practice. I am glad to say it was a he. I am sure a she would not have said anything so foolish.

So what it is is that people do not feel they are scientists and that is understandable partly because of a piece of sub-clinical abuse that is perpetrated on the medical profession, the veterinary profession, pharmacy, which is to use that dreadful verbal divide between scientists on the one hand, clinicians on the other, which is absurd because any competent modern vet, pharmacist, doctor, is a clinical scientist, both, and both activities benefit from the complementary activity.

So my bottom line is this: every pharmacist needs to understand that the USP, in modern terminology, or in old currency, the banner under which you need to fight, is this: that yours is the unique and distinctive expertise on the scientific basis of the development and use of medicines, together with the legal and clinical aspects of pharmaceutical therapy.

I have deliberately excluded ethics because it is crucial but it is not a USP. Nurses are probably more concerned about clinical ethics than any other health carers. Doctors should be concerned about it and, of course, pharmacists are. Everybody is on to ethics. It is not part of a USP. Thank you.

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

Mrs Sue Kilby: Thank you. First of all, obviously, I believe science very strongly is fundamental to being a pharmacist and obviously would support anything that actually secures that future and develops that future.

But I also think, and I am not quite sure how you are going to manage this or whether you have actually considered managing it, alongside science is actually a knowledge and understanding of health economics and health outcomes because I am sure Jeremy only knows too well that how do you actually cost and how do you actually consider value of new innovations is very important, especially as Bob has already illuminated to, is the fact that we are a cash-strapped NHS and a cash-strapped economy at the present point in time. So pharmacists cannot only understand the science but also need to understand the health economics of the use of the new technologies and I am wondering whether health economics, health outcomes, whatever you care to call it, will also be included within the science strategy. If it is not included within the science strategy, I would hope it will be included somewhere within the new professional body because it is absolutely essential that we have this expertise and we understand how to utilise it because I am only too well aware that many pharmacists do not understand health economics at the current point in time but actually they do need to understand it going forward. Thank you.

The President: Thank you, Sue. Tristan?

Dr Tristan Learoyd: Can Catherine come back?

Dr Catherine Duggan: Very briefly, Sue. I collated a slide recently that talked about the sciences in pharmacy and health economics was absolutely there together with epidemiology and bio-statistics so these are fundamental. I think it is absolutely essential that we explicitly say somewhere in our documentation about the breadth of science. As I mentioned at the beginning, there are some that are unique to us but there are some that we have taken in our profession and adapted for our needs and this further comes to Bob's point about securing our profession.

Additionally, I know we are talking about the NHS being cash-strapped but the universities are about to go through one of the biggest, most savage cuts ever., £600 million off their bottom line in this year alone, and that is before the cuts come in. So some of our academic colleagues may well benefit as well from some professional support from the leadership body around science into practice and making their roles more explicit. I think there is a huge opportunity here. I just pass over to Jayne about the expert panel.

Dr Jayne Lawrence: I agree totally with what you have said, Sue. I am hoping that we will actually have at least one expert on the advisory panel that has that particular expertise because we realise the significance. So the call that has gone out has tried to be as broad as

possible in that respect to encourage that type of membership.

Mrs Sue Kilby: We do have a number of leaders within our profession who are health economists.

Dr Jayne Lawrence: Yes, we do.

The President: Thank you, Jayne. Tristan?

Dr Tristan Learoyd: I have got two questions. Both concern Peter Mandelson. The first one is how are we geared towards his vision of a diverse economy and niche bio-tech pharm industry through his vision? Then the second point is with regards to the higher education reforms. There has been talk about increasing the commercial impact in undergraduate degrees. How are we going to foster that in terms of pharmaceutical industry, increasing the capacity of industrial pre-regs in terms of work force supply and seamless transition?

The President: Do you have any ideas yourself, Tristan, or views on those two issues going forward?

Dr Tristan Learoyd: I do, yes, I have got a vague idea but I would just like to see what they have come up with.

The President: Sure.

Dr Catherine Duggan: Thank you, Tristan. It probably just sits slightly outside of the remit of today's report but across the directorate for professional development and support work force development is fundamental. At the moment you will appreciate we are working to get our member service offer up to speed, ready for day one, but we have already got some plans for future proofing that as we move forward. I had a recent meeting with some colleagues who are going to take up posts in, excuse the title, the Centre for Workforce Intelligence, which is being chaired by the Health Services -- it sounds very grand, looking at workforce patterns in general for healthcare, not taking account of specific professions because when you start with professions everybody is a bit protectionist, and the colleagues that we are working with on that and we will work with are pharmacists and have an idea about the pharmacy workforce and skill mix and what have you. So, if I may say, it is on our radar, it is horizon scanning. We are focusing at the present time to be fit for purpose for demerger, as you would only expect, especially as our colleague on the Assembly, but post that we have got some future proofing in place about workforce development because unless we secure workforce development from day one as students and planning their entry to different levels across the sectors in the profession, then the leadership body will not have a place because it will not have appropriate membership. So I hope that secures it for you.

The President: Sid?

Mr Sid Dajani, Vice-Chair English Pharmacy Board: Thank you very much. Just two quick questions. One is obviously this is an extremely good paper, guys. I think it actually blew my skull off the first time I read it. I had to read it another two times. In there I still could not find two very important bits of information. One is I am big fan of Kennedy. I do not know if many people remember Kennedy, a bit before your time probably. I was just wondering, obviously, Kennedy is about education and practice information and sharing. How much research are we looking at working with the General Pharmaceutical Council, because I think that is going to be very fundamental in terms of prevention rather than cure of regulation? It is about practice and about regulation.

The second aspect, in terms of research funding, there is not very much written in there but we approach the industry to try and get the finances out of them. Could individuals around here try it with their contacts, try and get funding, legally speaking, professionally? I was just wondering whether there was more research into funding rather than just research funding.

The President: A good point. I think this will be a really important area for both the Boards

and Assembly going forward because, for me, it is the life blood of our profession, this, so it is really an important subject for us. Bob?

Professor Bob Michell: I am sorry to come back a second time but it is a quite different and more specific point. I suppose it is one for the PLB rather than RPSGB although that all depends when we finally split. The possibility is that by May we will have a pretty clear idea at least of the scale of the impact of the train crash budget on healthcare. I think whoever, RPSGB or PLB, should be exploring the usefulness of informal but regular contact with the BMA on the specific issue of use of medicines. The reason I say that is this: it is not just the issue of NICE pronouncements which, as we have talked about before, are great for average patients but not so good for non-average patients, average meaning the average patient in a randomised controlled clinical trial. What is much more important, and some of you may be aware of, as I am, first hand, is the reality of patient choice which, in the worst instance, goes like this: you are free to make sure that you are referred to what you think is the best hospital for your disease and, at the best hospital for your disease, the consultant who is the best consultant for your disease, which is why you asked to go there, considers that you should receive a medicine that could even be NICE approved but is not cheap but is appropriate for your condition. What you do not know is that your PCT behind the scenes could be banging the table saying, no, shan't, can't, we won't pay, it is on our red list, or it is even on our double red list. You then say what are the scientific and clinical arguments underlying that and you get the reply, they do not matter. It is on our red list, it is on our double red list. This is a farce and it will get worse and I think it will need the combined first-hand feedback experience and expertise of both doctors and pharmacists to get that kind of Rottweiler back under control.

The President: Thank you, Bob. Any more contributions to this debate? OK. Well, the two recommendations are to discuss and comment on the paper, which we have done, so thank you for that. The other one is to recommend to the shadow Assembly that they should invite the existing research charities, PPRT and PTECO, to present to them in due course, to understand their strategy and plans, which I am sure Council would agree with.

So thank you very much, Catherine and the team, for all your hard work. It is very much appreciated. Good luck going forward. Thank you.

[Council

recommended

- i. *that the Shadow Assembly invite existing research charities working in the field of pharmacy (PPRT & PTECO) to present at a forthcoming Assembly meeting to hear in some detail their activities and outputs and consider if and how the RPS wishes to work with them.*

Before we move on to our next paper, could I just welcome Joy Wingfield, who slipped in at the back, Professor of Pharmacy Law and Ethics at Nottingham University. You are very welcome, Joy.

7. Recommendations from the Shadow Assembly

The President: Let us move on to the next item, if we may, which is item 7, recommendations from the shadow Assembly. This is paper 19. Martin?

Mr Martin Astbury, The Vice President: Just first to confirm that everyone has got the amended paper. It is C/19 at the very bottom. It is, as it were, one of two amended.

The reason why this paper is coming to Council is in order for – FIP would actually need to have our delegates' names in before the actual demerger would take place obviously also for the savings on accommodation and disposed discounts as well. It is quite normal for us to be putting forward our delegation before the demerger would actually take place. That is why these are recommendations from the Assembly but it is for Council to actually make the decision.

The Assembly considered this and when considering this they came to the action points that we have got, the recommendations that are listed under "Action required", and when considering this we made the assumption that demerger would have actually taken place prior

to FIP. So this recommendation is based on demerger before FIP.

I am sorry, I put to you under actions required the recommendations from the shadow Assembly. Thank you.

The President: Thank you, Martin. Sue, did you want my attention on something?

Mrs Sue Kilby: Just to say there are obviously declarations of interests here, are there not?

The President: You were not here at the start. We took a general declaration of interest for all shadow Assembly members.

Mrs Sue Kilby: I am not a shadow Assembly member.

The President: So what is your declaration of interest?

Mrs Sue Kilby: I am a new Board member.

The President: Thank you. Alison?

Mrs Alison Moore: I had forgotten about the merger issue -- I had not forgotten about the merger issue, I had forgotten about the timing implications that that could have on the FIP. What happens if we have not demerged by that point? Will the Assembly's decision on who they are wanting to send change? Another question is when you say President in the paper, does it mean President of the Assembly or President of the Pharmaceutical Society Council or is it interchangeable, just so I know what we are --

The President: I will invite Jeremy to answer that.

The Chief Executive & Registrar: Thank you, Alison, a very good point. What has been suggested in the paper and I think Martin alluded to is if this was after demerger, if FIP took place after demerger, then it would be the President who in effect would be the President of the Assembly, plus the Chief Executive. I would like to suggest that if it is before demerger, if FIP happens before demerger, that it should be a three-person team, that is to say, it should be the President of Council, plus the Chair of the shadow Assembly, plus the Chief Executive, because even if demerger has not happened we will be within a very short distance of that demerger, and I think it would be appropriate for both the person who is chairing the Assembly as well as the President of Council and the Chief Executive to go as a three-person team. In fact, traditionally we have had three people at FIP so this suggestion for two people is a streamlining measure but, as Martin said, would assume the demerger has happened by the time of the conference.

Mrs Alison Moore: Are we allowed to say we can put both those options back to the Assembly and we would be happy to agree whichever one the Assembly was happy with? So we could say you can either send the President of the Council and the Chair of the Assembly and Chief Executive or if, Assembly, you would rather, you can just send the Chair of the Assembly and the Chief Exec and we would be happy with either and are they allowed to make that final decision if we give them the right to do that? I feel it should not be us that is deciding and I am personally happy to rubberstamp whatever the Assembly think is appropriate and I would not want to tie their hands. That would be my only concern with going with the third option that they have not discussed yet.

The Chief Executive & Registrar: Well, the issue of the Chair of the shadow Assembly going in addition to the President of the Society is only an issue if demerger has not happened by the time of FIP. My reading of the Assembly was that they would want their Chair, which *de facto* would be the President, there and that is easier if it is after demerger. If it is before demerger, my reading is they would still prefer that. I do not want to speak on behalf of the Assembly but that is certainly how I interpreted it, that the Assembly would want to have a presence at FIP.

Mrs Alison Moore: They may not want the President of the Council to go there.

The Chief Executive & Registrar: That is a good question and my view on that would simply be that the President would still be the President of the Society and I think it would be quite difficult for the Society not to be officially represented by one of its officers because if it is pre-demerger the Chair of the shadow Assembly actually does not have any authority as an officer of the Society.

The President: I suppose I had better declare an interest in this conversation. Sue?

Mrs Sue Kilby: I want to come back on that. I totally agree with your sentiments actually, Jeremy. While we are still the Council, the President is still the head of the organisation. I think we are arguing round in circles because last time the Vice President went and he went to do the community pharmacy bit so if we are going to have a second person, from what I understand, and correct me if I am wrong, the Vice President is currently the Chair of the shadow Assembly anyway. So actually, you know, could it not be a given that, as it stands at the moment, these three people would be there and if it is necessary we can change the names but the important thing is to actually get those positions actually secured at this point in time, three places secured, so that we do not have to pay the increased costs of actually leading it? That was one comment.

The other point I was going to ask is obviously we have got our expenses and our allowances. What about the additional allowances? I am not quite sure about this because at the moment we pay an extra amount for the President of the Council and also the Vice President also gets an extra sum for there and the Treasurer gets an extra sum. Have these been discussed at the Assembly or not?

The President: Hang on, Sue. The paper that you should have in front of you is an amended paper. We are not talking about allowances today, it is just the FIP we are talking about today.

Mrs Sue Kilby: I am sorry, I have got the old paper.

The President: It is the FIP we are talking about at this point in time. Would you like to respond on Sue's first question, Jeremy?

The Chief Executive & Registrar: Yes, thank you. I mean, the practical implication of it is exactly as you describe, Sue, because the current Chair of the shadow Assembly is indeed the Vice President and the previous party was President and Vice President. So if it happened, if demerger happened after FIP, *de facto* we would have the same party as last year, President, Vice President, who is also the Chair of the shadow Assembly, and the Chief Executive. If it happened before FIP, then we would only have two of those three.

The President: I think it is important just to stress that the only reason this has come to Council is so we can take advantage of some preferential rates to get this booking in. We are not trying to make decisions here on behalf of the Assembly. We are absolutely not doing that. Dorothy?

Mrs Dorothy Drury: We normally send three representatives. How many do the other countries send?

The Chief Executive & Registrar: China send over 200.

Mrs Dorothy Drury: I understand the need to do it so that you get cheaper rates. That would be important here.

The President: Bob?

Professor Bob Michell: Thank you, Chairman. Just to point out as far as I can see some of the discussion about the President, we need to clarify whether we mean the Chief Executive

or the Chief Executive in waiting.

The President: Well, the FIP will be in September and at that point in time it will be the new CEO, the CEO in waiting. That is what we are talking about.

Professor Bob Michell: Again, there is an ambiguity depending when demerger happens.

The President: The new CEO will start on 1 July. Alan?

Mr Alan Kershaw: We seem to be making remarkably heavy weather of this. It is a straightforward decision. Each National Assembly should be attended by the people who are demonstrably the leaders of the organisation on that day. There is no more to it than that, is there? If demerger has not happened, then I really do not think we should try and second-guess about dates. Someone once said never make predictions especially about the future. I think it might be as well simply to say that the President of the Society plus the Assembly Chair should go. If the demerger has happened by then which, by all accounts, is extremely unlikely, then if it has happened, then it should simply be the Assembly leaders but the leaders of the Society are those who are accountable back to the Assembly or Council, as may be, and they are the ones who can say things authoritatively on behalf of them, and I do not think we should make any heavier weather of it than that.

The President: Well said, Alan. Are people content with that? (Agreed) Thank you, Alan. Let us move on.

[Council

agreed that if the Society had demerged by the time of FIP;

i. that the Society's official representation at the 2010 FIP Congress be the President and the Chief Executive;

ii. that the Society's representative at the 2010 FIP Council meeting be the President

agreed that if the Society had not demerged by the time of FIP;

i. that the Society's official representation at the 2010 FIP Congress be the President, the Chief Executive and the Chair of the Shadow Assembly; and

ii. that the Society's representative at the 2010 FIP Council meeting be the President and the Chair of the Shadow Assembly].

8. Public interest and health issues

The President: We are on to item 8 now, public interest and health issues. I know Jeremy also wishes to discuss the CPS, the DPP and decriminalisation issue under this item but, first of all, just an update on the supply chain.

The Chief Executive & Registrar: Thank you, Steve. Just two brief verbal updates. The first is Council members will know that I attended a supply chain summit which was chaired by Andy Burnham on 2 March and there was a wide range of representation from the pharmacy profession but also from the APBI, the BAPW, the British Association of Pharmaceutical Wholesalers, and other actors in this. We issued a statement on 9 March and I circulated that statement together with the Department statement in a letter on 18 March.

The Department's statement hones in very much on wholesale dealers' licences and the role of the MHRA and that is certainly a key factor in trying to alleviate the problem of medicines shortage. The view taken by the meeting was that there are far too many wholesale dealers' licences and they are not properly policed and the MHRA is going to use its enforcement powers more robustly and the Department statement said that a series of targeted inspections by MHRA will be undertaken and tougher standards for the issue of licences for wholesale dealing will be imposed.

What it did not say, and what I stressed at the meeting, was that the list of drugs that are in shortage which numbers about 40 has to first of all be kept up to date and made known widely to the profession and there should be targeted action on each of those drugs. At the moment, the mechanism imposed by many manufacturers in the form of quotas is far too crude an instrument and it may well be that different drugs require different mechanisms to

address the shortage problems. Some suggestions were made about the use of buffer stocks, some suggestions were made about slightly more sophisticated forms of quotas, but it needs to be targeted action addressed to those 40 drugs and that list needs to be kept up to date.

So we are on that case. We made the point that pharmacists are at the moment handling it by making Herculean efforts to maintain supplies and it is only through the good efforts of pharmacists that patients are still getting their medicines in many cases. We ran an on-line survey which showed that something like 70 per cent of respondents are spending up to two hours a day sorting medicines and that is too vulnerable a system and imposes too heavy a burden on pharmacists who should be spending their time dealing with patients, not chasing up admin and supplies. So I wanted to report back on that.

The second thing, as Steve mentioned, was other progress with MHRA specifically on decriminalisation. I am sorry to report to you that progress has been painfully slow in the MHRA's dealings with the Crown Prosecution Service. I am told the latest is that there has been a snag identified by the Director of Public Prosecutions. What we are trying to get to is guidance to the CPS on when a criminal prosecution is appropriate and when it is not, so the test of public interest, when does such prosecution meet the public interest test and when does it not, such that inappropriate prosecution is not pursued for minor one-off dispensing errors?

We are not getting much progress and I wanted to share my disappointment with Council and if Council wanted to express a view that might be helpful because we were informed that something would be available in the New Year and here we are at the end of March and we have not got that yet and we have not actually been shown a draft yet. So I just wanted to alert Council to that.

The President: Thank you, Jeremy. What I was going to suggest this morning, because I feel particularly annoyed about the delay that we are experiencing in this discussion with the CPS and the DPP, what I was going to suggest to Council, if you are so minded, is that we do issue a statement registering our displeasure at the length of time this is taking. I think that would be appreciated by some like-minded individuals who are trying with us to get this thing moved. Are Council happy for us to do that? (Agreed) Thank you. Lorna?

Mrs Lorna Jacobs: Could I just ask that in doing so it is made clear the value in terms of patient safety of removing this legislation or removing the impact of it, that people cannot learn from mistakes if they are scared to acknowledge those mistakes.

The President: Yes, thank you, Lorna. We will do that. Any more comments? Sid?

Mr Sid Dajani: Just a very quick comment. One of the things I would be mindful that the CPS could come back with in any statement we give out or you guys give out is the fact that they could say it is going to take a bit of time because we want to get it right. So I think what you might want to say in any criticism is any unnecessary delays or how we could perhaps expedite this to a successful conclusion.

The President: Thank you, Sid. Jeremy, did you want to respond?

The Chief Executive & Registrar: Yes, that is very helpful, and Lorna's point too. I have made those points to MHRA and indeed I have lost count of the number of e-mails to MHRA seeking some follow-up, but you are absolutely right, I think the patient safety point is a crucial point here. This is not serving the interests of pharmacists predominantly, this is actually serving the interests of patients, so that error reporting is not driven underground.

The President: David?

Mr David Thomson: Thank you. I am not sure of the answer but recognising there is a different legal system in Scotland, if a person was charged and dealt with through the Scottish system, it might be appropriate to look to the Procurator Fiscal's Office for some alternative

that could be used in discussions with the Crown Prosecution Service as an alternative option to consider.

The President: Yes, thank you. That is a good point. Anybody else on that issue? Gerald?

Mr Gerald Alexander: Yes, thank you, President. I think this piece of work will need to be picked up by the new Assembly when it actually is established as a real Assembly, and the President of the Assembly, along with collaborative working with the GPhC and the CHRE because I think now we are going into the election we have got an election purdah and the time after the election. I do not really see it as an issue that this Council can deal with. So I think it is something that needs to be -- the baton needs to be passed on and one could be cynical about where we are at this time but I think the answer is to be reasonably positive and just pass that particular baton on.

The President: Thank you, Gerald. John?

Mr John Gentle, The Treasurer: You mentioned that there was a particular snag that the CPS had come up against. I just wondered, did they tell us what that was?

The Chief Executive & Registrar: No.

The Treasurer: Thank you.

The President: Thank you. We will make sure that gets done. Thank you, Jeremy.

*[Council
agreed*

i. that a statement be issued outlining Council's disappointment at the lack of progress concerning the decriminalisation of single dispensing errors].

FOR NOTING

9. Transitional working Group handover & final RAG report

The President: Item 9 is for noting, the TWG handover and final RAG report, just to thank Paul John and Howard for those reports.

[Council

noted the report circulated at 10.03/C/20].

10. Journal Oversight Board Annual Report

The President: Item 10, the Journal Oversight Board annual report to note and for me to thank Neil Dixon for the report to Council and, of course, his work as Chair of the Journal Oversight Board.

[Council

noted the report circulated at 10.03/C/21].

Regulatory matters

11. RPSGB regulation response to GPhC consultation on its Rules

The President: Item 11, on to regulatory matters, this is the RPSGB regulation response to the GPhC consultation on its rules. Just to remind Council, we are not being asked to agree this response but we are invited to comment on the draft and, if significant drafting changes are needed, to agree that the officers should sign off the final response before submission.

As Chair of the working group could I just ask Alan to lead us through this?

Mr Alan Kershaw: Thank you very much, President. The paper, I think, is self-explanatory. The covering paper, in fact, went out with the first batch before we were able to meet so the paper itself covers the general issues.

Behind that is the consultation paper from or on behalf of the GPhC and then appendix 2 which begins after that. I am sorry, the page numbering is not continuous, but you will find appendix 2, rules, starting page 1 of 5, headed up in capitals in our usual heading for a response to consultations.

We have looked at this and I must say we are indebted to the staff for doing a very substantial job in helping us understand this and indeed for putting in a big schedule of preliminary comments to the GPhC on technical matters, on drafting, typos, and everything else, with which I do not think we need to concern ourselves today. While it is an important piece of work, this is not something on which I think the Council wants to spend a lot of time on the detail. We have done a lot of digesting of that and we have distilled it into the five pages of draft response which you see in front of you.

So what we have done, in fact, because the paper covers five sets of draft rules and asks essentially the same general questions about each, we have addressed those in one in the paper and then gone on to make a number of points of detail of our own and, as I say, there are a number of other things in the draft rules which required comment which the office have done on our behalf ahead of and with our blessing. So those are known to the GPhC and the Department now.

I would like to add a couple of points to the draft which was all produced at enormous speed by Priya following our meeting just a week ago for which I commend her. There are a couple of things I want to add, a couple of points of nuance. First of all, on the first page, we make a very important point because it was very close to the hearts of all members of the working group about the importance of very clear communication about the very substantial changes being made here bearing in mind the need for any profession to be made aware of the important things that affect their real lives but, in particular, the particular concern of pharmacists, as we know, for points of detail, and quite properly they will want to know the fine print, how a lot of things work out. So there we have made a point about the need for very good communication, a helpline, if necessary, and certainly clear documentation so that people can understand what they are getting.

We would like to add in an example there or at least I would like to suggest, I am sorry, an example there that the change in future in the fee, the way the annual fee, not the level of it but the principle on which it is based, the default position is at present that you stay on unless you decide to come off. In future, the default position will be that you go off unless you positively decide to stay on. I think I have got that the right way round. It is vitally important that people do understand that, that they will actually have to take different actions from now.

Secondly, just another point to make, not a conclusive one but an important point to make, on the question of fees and the rolling Register, that is the arrangement whereby fees will be collected around the year in future according to when you first register, rather than on a particular date. That will obviously have a practical effect. My pharmacist colleagues on the group assure me that this is generally to the benefit of pharmacists. However, it is important to point out that there will be more administrative burden but also something we have not said yet but would like to say, there is no demonstrable patient safety benefit in that. However, it does not mean you should not do it but it is probably a point that ought to be added in to make our view complete.

That apart, I would like to put the draft in front of you and invite comments.

The President: Thank you, Alan. Any comments on the draft, anybody? Any further changes to the drafting we will sign off if that is all right with Council.

Mr Gerlad Alexander: Just to add to Alan's comments, I think the group is content with the draft.

The President: Thank you, Gerald. Thank you very much for all the hard work on that.

Mr Alan Kershaw: I think I am right in saying the only two drafting changes would be the two I have mentioned which will be very straightforward ones. I do not think the officers will have too much trouble. Subject to Priya's agreement, if she could get them done before the end of today, then we can sign them off before we leave.

The President: That would be great, thank you. I think the intention is to try and let the GPharmC have this as soon as possible. Is that right Priya? She has switched off now. She is walking out. The intention is to let the GPharmC to have this as soon as possible, well in advance of the 4 May closing date, so they can start to consider the issue. Thank you very much. Thank you, Council.

*[Council
agreed
i. the regulatory response to the GPhC Rules consultation].*

FOR NOTING

12. Investigating Committee Annual Report

The President: We are now going on just to note item 12 here, the Investigating Committee annual report, which is paper 23. Can I thank Karen Rae on behalf of Council for the report and for her good work as Chair of the Investigating Committee.

*[Council
noted the report that had been circulated at 10.03/C/23].*

Organisational matters

13. Chief Executive & Registrar's report

The President: Item 13, organisational matters, Jeremy?

The Chief Executive & Registrar: Just to ask Council to receive the minutes of the Committees listed on the agenda. All those minutes are now on the Council microsite.

The President: Thank you, Jeremy.

14. Rules of procedure for the Society's Annual General Meeting

The President: Item 14, rules of procedure for the Society's annual general meeting. Martyn?

Ms Martyn Schofield, Corporate Secretariat: This is an annual report we get every year and the purpose of it is to make sure the procedure for the AGM is clear. We publish it in advance in the PJ and it is just to get your agreement to publish it as usual.

The President: Any comments on that paper? Thank you, Council. That is agreed, thank you.

Bernard is on his way down. Apparently, he has just been telephoned. So he will come down for item 15 in a moment. Item 16 we will take after confidential business this afternoon.

*[Council
agreed
i. the proposals for the Rules of Procedure for the 2010 Annual General Meeting]*

FOR NOTING

17. Equality & Diversity

The President: For noting, item 17, which was paper 25a, I think Council got a message that paper was pulled from the agenda. There was insufficient time, unfortunately, to prepare that paper because Priya had been working on the rules consultation. So my apologies for that but it will be brought back to a future meeting of this Council.

18. Council update

The President: The other paper to note is the Council update, paper 26. Thank you, Martyn.

[Council

noted the report that had been circulated at 10.03/C/26].

19. Any other business

The President: I have not been advised of any AOB in public business.

Thank you. We will just take a rest a moment until Bernard arrives. Yes, Bob?

Professor Bob Michell: There was a paper that was supposed to follow by e-mail on the GPharmC response concerning --(inaudible)--

The President: Does anybody else recall that? No, Bob.

The Chief Executive & Registrar: We commented on the GPhC education and registration procedures a while ago and most recently we are responding to the consultation on their rules.

Professor Bob Michell: I am not worried about it but --

The President: Thank you, Bob. Steve?

Mr Steve Acres: I just wonder if there is a bit of confusion there because paper 22, the one we have just talked about, also responds to the GPhC consultation on education procedures and registration, I think, had the wrong title on.

The President: It was the wrong title, was it? There is some confusion, Bob, but we will clear it up our end. We will take five while Bernard comes. Do not disappear.

(A short adjournment)

The President: Thank you, Council. Are we quorate? Thank you.

15. Pension Fund

The President: We moved at a bit of a pace this morning, Bernard, so this is item 15, which is paper 25. Council, could I just ask you, please, to note this paper has not been to RMC as the pension trustee meeting was held after the meeting of RMC. Yes, Alan?

Mr Alan Kershaw: Can I declare an interest as a member of the trustee board. Would you like me to leave?

The President: No, I am happy for you to stay but thank you for the declaration which has been noted. Bernard, thank you?

Mr Bernard Kelly, Director of Resources & Organisational Development, GPhC: Thank you, Steve. I think all the details are in the paper but, just to recap, the pension trustees do its triennial valuation at December 2009. The trustees being concerned about the future of both the Society and in the light of what was happening in the financial markets in 2008, moved to bring forward the triennial valuation to December 2008. Having considered that valuation and having made some draft actuarial calculations, it revealed a very considerable deficit. Part of the reasons for that deficit, apart from fairly conservative assumptions which the trustees felt they were impelled to do because of the circumstances, it was also against the background of very depressed financial markets at the time.

We have been in ongoing discussions with the pension trustees and I attended the most recent trustee meeting which, as Steve has remarked, came after the last RMC meeting, and I had made the argument that we felt it was better for the Society overall

and it would give us an opportunity to have a much clearer position of the pension fund if the triennial valuation was reinstated as at December 2009.

In consideration of the trustees agreeing to that change, we offered to make payments into the fund on a voluntary basis but which we were prepared to actually guarantee and to commit to those payments if the pension fund trustees were to delay the valuation to 2009. That, they agreed to do.

Now, you might want to know the reason why I would make that offer. The first thing is that if the valuation had taken place at December 2009, the valuation would have been considerably worse than it would be at -- I am sorry, if we had made the valuation at 2008 it would have been a considerably worse deficit than if we made it at 2009. Secondly, if the trustees had then decided upon a schedule of contributions as a result of that deficit, that schedule of contributions would have been imposed for a period of perhaps five years, perhaps ten years, but given the current uncertainty in the minds of the trustees they would more likely go for a shorter recovery period than a longer period. That could then therefore have compelled the Society to pay a very considerable amount every month into the pension fund trust until the end of that deficit reduction programme.

At its worst case we were looking at a contribution in addition to the contributions we currently make of £146,000 per month, a very significant amount of money. If that had been compelled to take that for five years, then that would have severely impacted on the Society's cash flow.

The revised option that we have come to an agreement with with the trustees gives us a breathing space to finalise the 2009 valuation, to understand the impact of the transfer of regulatory staff to the GPharmC, and any contribution that would arise from the Department of Health into the pension fund or by way of a reduction in the deficit because of a transfer out of liabilities in excess of assets into the NHS pension scheme.

We now need to finalise that valuation and agree on a new schedule of contributions but by undertaking the current proposal we are not compelling ourselves to anything other than an interim funding arrangement. I think the deficit, as you all know, has to be addressed. There is not any getting away from it. It is merely a question of how much and over what period of time and I think waiting until the 2009 valuation is completed will put us in a much better position than if we finalised it at 2008.

So I recommend the additional contributions until such time as 2009 valuation is clarified.

The President: Thank you, Bernard. Any questions for Bernard on this? Thank you. Jeremy, did you want to make a comment?

The Chief Executive & Registrar: May I just add one thing? First of all, council will be aware that Bernard has been appointed as Director of Finance and Corporate Development at the General Pharmaceutical Council so I would like to put on record my sincere thanks for his contribution to the demerger protest and to the Society at large. He has very kindly agreed to continue advising us on pension matters because actually the interests of the GPhC and the Society are aligned here in relation to the pension fund trustees. We want essentially the same outcome and Bernard is negotiating on behalf of both the GPhC and the Society with the pension fund trustees. So far from there being a conflict there actually it is quite helpful to have Bernard still on the case. I just wanted to record my thanks and I am sure Council would support me in that.

The President: Thank you, Jeremy. Yes, indeed. Thank you very much. Could I have Council's agreement –

Mr Gerald Alexander: Just to note there is a mistake on the screen. It is not consistent with the recommendation in the paper. There is a £400 difference, £67,400.

The President: Thank you, Gerald. Alison?

Mrs Alison Moore: I just wondered if our Treasurer is happy with this.

The Treasurer: Yes.

The President: The Treasurer is happy with this, thank you. Any more questions? Dorothy?

Mrs Dorothy Drury: I suppose it does not look quite so bad at £67,000 per month but when you look at it per year it is an awful lot of money, isn't it?

The President: Any further questions? I ask Council to agree to (i). (Agreed) Thank you very much, Council. Thank you, Bernard.

*[Council
approved*

- i. *the payment of an additional £67,400 per month with effect from January 2010 until such time as the actuarial valuation as at 31 December 2009 was finalised and a new schedule of contributions established].*

We are now going to move into confidential business. Thank you, Council. Thank you guests. I am sorry it was a short one today for you. We will see you again at the dinner this evening.
