

Council

Minutes of the meeting on Tuesday 14 February and Wednesday 15 February 2006

PUBLIC BUSINESS

Present

President	Mr H Patel
Vice-President	Mr G Alexander
Treasurer	Mr J Jolley

Ms S Agha	Mr M Astbury
Mr S Bagga	Mr S Dajani
Professor S Denyer	Mrs D Drury
Mrs D Eustace	Mr J Hanlon
Mrs S Hikins	Mrs C Hunt
Mrs L Jacobs	Mr R Jobling (from 06/09)
Mr A Kershaw	Professor A Michell
Mrs L Morgan	Mr B Nathwani
Mr G Phillips	Mr C Ranshaw
Ms M Saunders	Mr D Simpson
Mr D Thomson	Mr S Wells

In attendance: Dr Rose Marie Parr, Chairman Scottish Executive
Mr P Jones, Chairman Welsh Executive

06/01 Apologies for absence

Mr J Buisson, Dr P Entwistle, Mr J Gentle, Mr A McCoig, Professor M Schofield

06/02 Welcome to guests

The President welcomed the following guests: Michael Burden (Leicestershire & Rutland branch), Simon Gaines (Hull and District branch) and Glyn Trueman (Border Region).

The President then welcomed Dr Rose Marie Parr in her new role of Acting Chairman of the Scottish Executive. He also extended the Council's thanks and best wishes to Mrs Angela Timoney, who had recently resigned as Chairman of the Scottish Executive.

06/03 Declarations of interest

The President reminded Council members that they should have regard to any conflict of interest which might be relevant to any of the items on the agenda and if so, should make a formal declaration of such interest at the beginning of the discussion of the item. Declarations would be minuted.

06/04 Minutes of the public business part of the meeting of Council held on 6 and 7 December 2005

With the following amendments to minute 05/114

“...the Council **amended** Item (iii) of the remit of the Boards as follows (changes indicated by italic typeface) “To promote *the science and practice* of pharmacy and *their* ~~its~~ contribution to health.”

“*their*” to be changed back to “*its*”

and

The additional phrase indicated in italic below to be added.

“The Council also **noted** that the Boards had no locus to consider NHS terms and conditions *but could consider and comment on pharmacy practice issues when service levels were affected in the interests of the patients in the private or the managed sector.*”

Council

resolved

that the minutes of the public part of the meeting held on 5 and 6 December 2005 be received and agreed as a correct record.

06/05 Secretary and Registrar’s report: Minutes circulated since the December 2005 meeting of Council

Council

received

the minutes of the meetings of the following committees:

Education	18 January 2006
Governance	17 January 2006
Law & Ethics	17 January 2006

06/06 Referrals from Education Committee: Accrediting MPharms overseas - broadening current procedures

Mr Philip Green, Deputy Secretary & Registrar and Director, Education and Registration introduced paper 06.02/C/03, which had been circulated.

The Education Committee had considered the proposal and recommended that the Council should agree to extend the scope and degree of accreditation by the Society to include MPharms that are delivered in part overseas, either by a UK university or by an overseas partner institution. The change reflected a development of the existing policy in response to recent changes already agreed by Council and would remove a number of anomalies. A robust methodology was included in the paper. Mr Green confirmed that such accreditation would be undertaken on a full cost recovery basis.

On the recommendation of the Education Committee

Council

agreed

that the Society should

- i. accredit GB Master of Pharmacy degrees taught in part overseas either by a GB University or by an overseas partner institution, and
- ii. use the accreditation methodology described in the paper to do so.

06/07 Pre-registration cross sector experience (CSE)

Mr Philip Green, Deputy Secretary & Registrar and Director, Education and Registration introduced paper 06.02/C/04, which had been circulated. He commented that Cross Sector Experience (CSE) was a complex topic with a long history. He referred Council to the conclusions in the paper that sought to secure the competencies from CSE even when gaining the experience itself was problematic.

He explained that the Council had a long-standing commitment that all preregistration trainees should undertake CSE. Council had deferred a decision on making CSE mandatory in December 2004, pending the report of a working party which had looked at the issues arising out of several years' experience of trying to develop and work with CSE and all the associated stakeholder groups.

The working party strongly commended the benefits already derived from CSE, but also recognised that the required competencies to complete CSE could be gained in other ways. The expectation was that CSE would continue to be the preferred method of achieving the required competencies. In accepting the working party's conclusions, the Council confirmed that CSE should be seen as learning outcomes and not just as a process.

It was clarified in relation to students wishing to undertake preregistration training in industry, that they would continue to be required to have a six month placement in hospital or community to meet the current European Directive requirement for a six month placement in patient services open to the public, towards the end of their five years education and training. That policy had not changed.

Council

accepted

- i. the conclusions of the working party, and

agreed

the following statements

- ii. The Council believed that there were clear benefits to be derived from the CSE programme and that the learning outcomes of CSE should become mandatory. However, the Council also recognised that there might be specific circumstances in which undertaking CSE through placements in both the hospital and community sectors might not be possible. Those circumstances should be identified and ways of meeting the competencies required should also be clearly identified.

and

- iii. that CSE should not be made mandatory but that it would be an expectation that it continue to be part of preregistration training.

Council also

noted

- iv. that Cross Sector Experience should be considered again after the completion of the current education review.

In conclusion the Council expressed its thanks to the working party for the excellent work it had done to clarify the position and the options so effectively.

06/08 Referrals from Governance Committee

06/08.1 Code of Conduct procedures

Mr John Hanlon, Chairman of the Governance Committee, introduced paper 06.02/C/05, which had been circulated.

He informed the Council that a review of the procedures for a complaint brought under the Council Code of Conduct had taken place following the completion of the first case. The review had involved input from the QC who had advised the Chairman of the Conduct Panel. As a result changes were recommended to the Council.

The Secretary & Registrar reported on two issues on which the Governance Committee had asked for further advice from the QC. She confirmed that there was a requirement to have a separate panel if an oral hearing was requested in order to ensure that the panel sitting for the hearing had no prior knowledge of the complaint. She also reported regarding the matter of addressing the panel that the following phrase be added to 9.2.3 (c) "provided that the supporter is not to be called as a witness".

The following comments were noted for clarification and inclusion in a future iteration of the procedure.

- When a report from the Conduct Panel was presented to the Council, there was a clear conflict of interest for the respondent Council member and, if the complainant was a Council member, for her/him. In such an instance an interest would be declared and the individual(s) would leave the room.
- The procedure should include provision for early dismissal of a complaint which was deemed to be malicious, frivolous or vexatious.

It was also noted that, although the report to Council was made in confidential business, the Council could decide to make the matter public, as it could for any other item of confidential business.

Mr Sid Dajani raised the question of payment of costs to the respondent. The Secretary & Registrar confirmed that as a body which performed duties of a public nature it was in the Society's interests to have an open and easily accessible conduct procedure in relation to Council members' conduct and including such a provision could open the Society to legal challenge. Mr Dajani was asked to discuss the matter further with the Chairman of the Governance Committee.

Council

agreed

- i. the proposed amendments to the procedures for the Code of Conduct section of the Council Governance Handbook (Section 9) as set out in the paper with the additional amendment proposed above, and
- ii. that additional members to the Conduct Panel should be recruited from amongst lay members of the other health regulators up to a maximum number on the panel of 12 members.

06/08.2 Standing orders for committees of the Council

Mr John Hanlon, Chairman of the Governance Committee, introduced paper 06.02/C/06, which had been circulated.

He informed the Council that standing orders for committees was the next step in extending best practice in governance throughout the structures of the Council following the adoption of revised standing orders for the Council in June 2005. He drew Council's attention to the proposal that the minutes and agendas of the Audit, Remuneration and Resource Management Committees be circulated to all Council members, except where items related to identifiable individuals; or commercial items in confidence. Such items would be considered on a separate confidential agenda and that agenda and the relevant minutes would not be circulated other than to those serving on the relevant committee.

Several points were raised regarding matters of good practice. The Secretary & Registrar reported that one of the first tasks of the new corporate secretariat function would be to draw up standards of best practice for secretariat support to Council, committees and working groups. The points raised would be taken on board in the development of those standards.

She explained that the standing orders for committees were based directly in those for the Council. The intention was that there be a little variation as possible from the Council standing orders. However, in interpretation and application of the standing orders, the exercise of flexibility by the Chairman and/or Secretary was inherent.

Council noted that the proposed standing orders would not apply to Infringements Committee as Procedural Rules for Infringements Committee had recently been agreed by the Council. An issue was raised with regard to the late submission of a policy paper to Infringements Committee. Ms Mandie Lavin, Director Fitness to Practise & Legal Affairs assured the Council that the matter would be addressed.

The Secretary & Registrar also informed the Council that once the Society was subject to the Freedom of Information Act 2000 the standing orders would be reviewed in order to ensure compliance with the Act.

Council

agreed

the standing orders as circulated with paper 06.02/C/06.

06/08.3 Operating procedures for the Officers group

Mr John Hanlon, Chairman of the Governance Committee, introduced paper 06.02/C/07, which had been circulated.

The Vice-President confirmed that the Officers group supported the recommendation.

With the following amendment

8. Raising issues

Any Council member wishing to raise a matter with the Officers group should do so, except in exceptional circumstances, in writing (preferably by email), with the President and/or the Secretary & Registrar. This should be at least seven working days before the relevant meeting of the group.

Council

agreed

- i. the proposed procedures for the Officers group as set out in the appendix to paper 06.02/C/07, and
- ii. that the procedure would be included in the Council Governance Handbook.

06/08.4 Additional member of Council to work with the Officers group

Mr John Hanlon, Chairman of the Governance Committee, introduced paper 06.02/C/08, which had been circulated.

The President asked the Council to note that should the proposal for an additional member of Council to work with the Officers group be agreed, the provision would only remain extant until such time as there was a Immediate Past President, not already elected as an Officer, serving on the Council.

Council

agreed

- i. that an additional member of the Council be designated to work with the Officers group until such time as there is an Immediate Past President serving on the Council and not already elected to an Officer role;
- ii. that the additional member so designated be drawn from the whole Council;
- iii. the following role description
“The additional member of Council working with the Officers group shall contribute to the Officers group discussions from their own experience and understanding of the Society’s and the Council’s functions, drawing on their experience and, wherever possible, taking into account the views of the other Council members”,
- iv. the proposed method of selection.

The Secretary & Registrar explained that the procedure agreed set out that nominations for the role would be taken immediately and the election would take place the following day as the first item of public business.

The President informed the Council that he would ask for nominations at the end of the day’s business.

It was noted that the procedures previously agreed for the Officers group (minute 06/08.3 refers) would require amendment to reflect that an additional member of the Officers group had been agreed.

06/08.5 Election of Officers

Mr John Hanlon, Chairman of the Governance Committee, introduced paper 06.02/C/09, which had been circulated.

Concerns were raised by a number of Council members regarding the process of self-nomination for Officers.

Council was informed that there had been a difference of views on nomination at the Governance Committee, but that the advice of the external expert member of that Committee, Professor Paul Jervis, had been against self-nomination.

The President asked the Council to vote on the proposal that nomination of Officers should be made by a Council member and seconded by another Council member. The proposal was carried.

A number of Council members raised concerns that the proposed procedure included the requirement for a ballot of Council in the event of only one candidate being nominated for any of the Officer posts.

The President asked the Council to vote on the proposal that when there was only one nomination for a Officer post, the Council would be asked to affirm that the candidate was duly elected. The proposal was carried.

With amendment to incorporate that nomination should be by a member of Council, seconded by another member of Council and that when only one candidate was nominated, Council should be asked to affirm election,

Council

agreed

the procedures as set out in the appendix to paper 06.02/C/09.

06/09 Strategy for Patient and Public Involvement (PPI)

Mr Ray Jobling, one of the Council member sponsors for the PPI project, introduced Ms Ros Levenson, the lead contractor for PPI. The supporting paper had been circulated 06.02/C/02.

Mr Jobling commented that the underpinning principle for the project was maintaining public trust and confidence in the Society's roles as a regulatory and a professional body and publisher, by developing a strategically managed and integrated approach to public and patient involvement. In addition, CHRE expected all health regulators to work towards managed involvement of patients and the public.

Ms Levenson commended the Council's foresight in taking a systematic approach to PPI, which was unusual. She emphasised that PPI was nothing to do with being politically correct, but it was politically important – because of the expectations of external bodies such as CHRE, and in the wake of the Kennedy report and changing public expectations of the professions. The point of the work was to help the Society develop a strategy that was helpful in developing partnerships and added value to its work. PPI should be proportionate and relevant to the Society's various functions, and should be seen as an opportunity, not a burden.

The contractors found in Stage 1 a great deal of commendable and interesting work in the Society to involve patients and the public. But because there had been no strategy, initiatives emerged then were lost. But there were benefits in not developing a strategy too early on because there were opportunities to learn from what others had done.

Stage 2, now underway, involved development of a draft strategy, which would be brought to Council in June and then be refined and put out for consultation with a range of internal and external stakeholders. The Council's active support in making the consultation widely known was being sought: this would prepare the ground for the consultation itself.

Comments included

- The project was about involvement in the work of the Society, but that would be informed by the experience of pharmacists in practice and in turn could have benefits for pharmacists in their practice.
- PPI was part of the regulatory mandate post Kennedy: the regulators were expected to make improvements based on feedback from service users and their representatives and the public - which was different from the role of the lay members of Council, in the same way that non-

executive directors on NHS Trusts did not replace patient forums – they were a different approach.

- The need to include on the external stakeholders group : representatives from veterinary practice, and from groups of patients such as those living in residential homes, who were vulnerable and had a huge need for pharmacy services but were not in a good position to represent their views.
- Council ought to examine its working practices to see whether it was as transparent and open as it needed to be, e.g. confidential agenda business.

The Council welcomed the report and confirmed its strong support for the initiative.

Council

noted

- i. the report on Stage 1 of the project as circulated at Appendix 1 of 06.02/C/02 and
- ii. the timetable for Stage 2 as set out in paper 06.02/C/02, and

agreed

- iii. to undertake to invite and encourage pharmacists, pharmacy technicians and external stakeholders to participate in the process of influencing the PPI strategy and taking part in consultation on it.

The President thanked Ms Levenson and her team and the Council sponsors for their work on the project to date.

06/10 Referrals from Law & Ethics Committee: Extemporaneous preparation of methadone mixture

Mr Douglas Simpson, Chairman of the Law & Ethics Committee, introduced paper 06.02/C/10, which had been circulated. He reminded the Council that the paper had been referred back for clarification following questions raised by Mr Colin Ranshaw at the October meeting of Council. The questions had now been resolved. Option 1 in the paper was recommended for adoption.

Council

agreed

that the Society should make an exception to the current requirements of the Code of Ethics to permit the extemporaneous preparation of methadone mixture where licensed methadone products exist and are available, provided the specified requirements outlined in Appendix 1 to paper 06.02/C/10 were adhered to.

06/11 Infringements Committee: statistics

Council

noted

the updated case statistics for the Infringements Committee which had been circulated at 06.02/C/11.

06/12 Diversity in the Society

Council

noted

the report which had been circulated at 06.02/C/12 and the planned diversity audit of activity across the Society.

06/13 Ways of working

Council

noted

the report and the actions arising from the meeting of the Officers, the Chairs of committees and the Executive Directors which had been circulated at 06.02/C/13.

06/14 Council for Healthcare Regulatory Excellence (CHRE): draft minutes for 17 January 2006

Council

noted

the unapproved minutes of the meeting of CHRE on 17 January 2006 which had been circulated at 06.02/C/14.

06/15 Council update and progress on strategic objectives

Council

noted

the update and progress report which had been circulated at 06.02/C/15.

06/16 Parliamentary question on funding of regulators

The Secretary & Registrar commented that a number of Council members had raised their concern about the written answer to Mr Mike Weir's question on the funding granted to regulators. The answer was very misleading and the Society had been in contact with Mr Weir who intended to ask another question. The Secretary & Registrar assured the Council that the matter would be pursued.

06/17 Nominations for an additional member of Council to work with the Officers group

The President asked for nominations.

Mrs Corrine Hunt was nominated by Ms Marcia Saunders and seconded by Mrs Sylvia Hikins.

Mr Graham Phillips was nominated by Ms Seema Agha and seconded by Professor Stephen Denyer.

Mr Martin Astbury was nominated by Mr Alan Kershaw and seconded by Mr David Thomson.

Wednesday 15 February 2006

PUBLIC BUSINESS

Present

President	Mr H Patel
Vice-President	Mr G Alexander
Treasurer	Mr J Jolley

Ms S Agha	Mr M Astbury
Mr S Bagga	Mr S Dajani
Professor S Denyer	Mrs D Drury
Mrs D Eustace	Mr J Hanlon
Mrs S Hikins	Mrs C Hunt
Mrs L Jacobs	Mr A Kershaw
Professor A Michell	Mrs L Morgan
Mr B Nathwani	Mr G Phillips
Mr C Ranshaw	Ms M Saunders
Mr D Simpson	Mr D Thomson
Mr S Wells	

In attendance: Dr Rose Marie Parr, Chairman Scottish Executive
Mr P Jones, Chairman Welsh Executive

Apologies for absence

Mr J Buisson, Dr P Entwistle, Mr J Gentle, Mr R Jobling, Mr A McCoig,
Professor M Schofield

06/18 Election of an additional member of Council to work with the Officers group

A ballot was taken. The President declared Mr Martin Astbury duly elected.

06/19 National Pharmacy Boards: outstanding decisions on composition of the English Pharmacy Board

Mr Robert Darracott, Director, Corporate & Strategic Development, introduced paper 06.02/C/01 which had been circulated.

A group of Council members resident in England had met on 6 February 2006 to discuss those aspects of the composition of the English Pharmacy Board which had been referred back by the Council in December.

Council considered the recommendations brought forward from that group and

agreed

- i. that Council should encourage the Board to review its composition at the end of its first term (if not before) and to propose to the Council any changes it feels would be desirable
- ii. that candidates in elections for Board membership should be registered in Great Britain and should live or work in England . Nominators and voters in Board elections should be registered in England
- iii. that Council members should be eligible to stand for election to the English Pharmacy Board

- iv. that pharmacists on the non-practising register should not be eligible to stand for election on the English Pharmacy Board
- v. that members of the English Pharmacy Board should have no limit on consecutive terms of office
- vi. that the Chief Pharmacist of the Department of Health may be invited to attend specific English Pharmacy Board meetings
- vii. that branch observers should be invited to attend English Pharmacy Board meetings
- ix. that the Council Member elected in the English Constituency should be appointed to the English Pharmacy Board as of right as a full voting member
- x. that the Council should appoint one of its pharmacist members living or working in England (other than the Council member elected in the English constituency) to the English Pharmacy Board as of right, as a full voting member
- xi. that the Council should appoint one of its lay members living or working in England to the English Pharmacy Board as of right, as a full voting member
- x. that the Board should not have places reserved for the regions
- xi that the following four sectors should have one elected place each as of right on the English Pharmacy Board, for pharmacists living or working in England: Community, Hospital, Industrial and Academia
- xii. that another sectoral place should be reserved as of right for the combined sectors of primary care and public health for a pharmacist living or working in England (who would be either a primary care pharmacist or a public health specialist working in primary care)
- xiii. that in addition to the five sectoral places above, there should be seven other elected places on the English Pharmacy Board for pharmacists living or working in England.
- xiv. that candidates for election to the board should self nominate (with brief CV & policy statement) with the support of 10 pharmacists registered in England
- xv. that the voting system for electing English Pharmacy Board Members should be a first past the post election with constraints.

06/20 National Pharmacy Boards: composition of pharmacy boards

Mr Robert Darracott, Director, Corporate & Strategic Development, introduced paper 06.02/C/01A which had been circulated overnight to bring forward the matters discussed by the Council in the committee session the previous day.

Council first discussed issues raised regarding the decision taken in December 2005 to amend the proposed composition of the Scottish and the English Boards by inclusion of a non-voting pharmacy technician member and amend that of the Welsh Board such that the proposed voting pharmacy technician member should have no voting rights. Letters from the Chairmen

of the Scottish and Welsh Executives had been received regarding that decision.

Council was clear that the over-arching authority for all the Boards rested with the Council. It was also clear that the Council should not interfere with the boards' working without good reason.

Council was of the view that it was now paramount to move forward and establish the boards.

At the December meeting, Council had considered it important that pharmacy technicians should be included in the work of the boards and had taken the view that this was best achieved by including a place as of right for a pharmacy technician on all the boards. The composition proposed for the Welsh Pharmacy Board had included such a place. In reviewing the decisions made in December, Council asked that, in going forward, all of the boards should be mindful of its expectation of effective pharmacy technician and lay involvement in the Boards' work.

Council determined that it wished to move forward to a resolution of the issues immediately.

A proposal was made, seconded and carried to suspend standing order 10.6 for the duration of the discussion of the item in order that the decisions made in December could be reconsidered.

The following decisions were taken.

- i. Council **accepts** the recommendations made by the Scottish Executive as set out in paper 05.12/C/60 in December 2005, including the recommendation that there should be no pharmacy technician member of the Scottish Pharmacy Board.
- ii. Council **accepts**, as recommended by the Welsh Executive, that there should be an elected pharmacy technician member with full voting rights on the Welsh Pharmacy Board.
- iii. Council **accepts** the recommendation made by a group of Council members resident in England in paper 05.12/C/60 that there should be no pharmacy technician member of the English Pharmacy Board.
- iv. Council **agreed** that, if there is no lay Council member resident in Wales, the Chairman of the Welsh Executive or subsequent Board should be involved in the process of nominating a lay Council member to be an ex officio attendee of the Welsh Pharmacy Board. The appointment would be made by the Council's Appointments Panel and for the purposes of that particular appointment, the Chairman of the Welsh Executive or subsequent Board would join the Appointments Panel with full voting rights.
- v. Council **agreed** that, in view of the Council's expectation of effective lay and pharmacy technician involvement in the work of each Board, recommendations should be submitted for consideration at a future meeting on whatever mechanisms might be necessary to ensure such involvement.

In conclusion, Council noted that a review of the Boards' structure before the end of the first term had already been agreed and that the experience of the different models of composition would inform that review.

06/21 Domiciliary supply of oxygen

Ms Seema Agha raised the issue of recent problems with domiciliary supply of oxygen.

The Secretary & Registrar informed Council that the Society was aware that there had been serious problems in some places, but that in other places arrangements were carrying on, such as in Scotland. She informed the Council that she would write to the Chief Pharmacists of England and of Wales to draw the Society's concerns to their attention.