

Council Meeting 1 & 2 August 2006

PUBLIC BUSINESS

Pharmacy education policy programme: update

Purpose

To update Council on the education policy project and proposes a number of changes to the governance and management of the project to reflect developments.

Strategic objective domain

- Influencing the development of the pharmacist to play a more inclusive part in healthcare, public health and social care
- An organisation that consistently performs as a regulator, professional representative leader and publisher
- Improving member engagement in the Society

Recommendations

On the recommendation of the Knowledge, Attitudes and Skills working group, the Council is asked:

- i. to agree that the title of the project be changed to the Practice Framework Project (PFP);
- ii. to agree a change to the project ways of working as set out in para 3.2; and
- iii. to agree the establishment of a Project Board as set out in section 4.

1. Background

- 1.1 At its meeting on 7 December 2005, Council agreed the timetable for a new programme of education policy work that will underpin the pharmacy profession of the future. A copy of the December Council paper is attached at Appendix 1 for information.

The initial consultation – Principles of Pharmacy Education (which was agreed at the April 2006 Council meeting) is ongoing and the closing date is 24 November 2006

- 1.2 The Council also agreed the establishment of a Knowledge, Attitudes and Skills Working Group to develop a consensus around what the pharmacy team does and consequently, what they need to know, what skills they need to acquire and how they need to behave to meet the challenges of future practice.
- 1.3 It was agreed that the Working Group would:
 - develop a practice framework (and KAS framework) covering pharmacists and pharmacy technicians, and it would
 - have a level of common membership with the Code of Ethics Working Party to ensure the work is appropriately co-ordinated

A working group schedule set out membership of the Working Group, terms of reference etc.

- 1.4 The Officers group agreed in April 2006 that the working group would be chaired by Graham Phillips, with Ray Jobling as the Vice Chair and subsequently in June 2006 that Marcia Saunders should be a member of the Group.
- 1.5 Since December 2005 a number of corporate initiatives have evolved e.g. Pharmacy 20:20, consultation on the S60 Order (and rules) and establishment of the National Pharmacy Boards. Thus the Practice Framework/KAS work now needs to co-ordinate with a range of projects across the organisation, as well as with the Code of Ethics Working Group.
- 1.6 The wider context of corporate developments for the Working Group are set out in more detail at Appendix 2 and were considered by the Chairman and Vice Chairman at an initial planning meeting in June.

2. Practice Framework Project

- 2.1 Following some initial work by relevant staff, it is now recognised that the key document for this work is in fact the Practice Framework. The KAS Framework sits beneath that and provides the detail needed to develop the curricula in education and the performance framework in Fitness to Practice, for example. It is the Practice Framework that the profession has to have ownership of if this and all other related projects are to succeed. Hence we are proposing to change the name of the project to the Practice Framework Project (PFP).

Council is asked to agree that the name of the project be changed to the Practice Framework Project (PFP)

3. Internal steering group and external stakeholder engagement

- 3.1 The key success indicator for the Practice Framework Project is the ownership of the framework (and the KAS) by all sectors of the pharmacy profession, including those in industry and academia and also the support of the public. This framework must reflect practice at the point of registration in all its manifestations as well as make a clear statement about what pharmacists and technicians have the potential to achieve in their careers in either advanced or specialist practice. Thus the project must engage a very wide range of stakeholders and this will require careful communication and engagement both internally and externally. The working group, ideally, should involve all the Society's membership groups and Committees and indeed all external stakeholders across the profession. The risk of not being, or not perceived to be, inclusive is high with this project.

It is recognised that this is simply not feasible and we are therefore proposing the following change to the ways of working that will allow the project to embrace all interests across the Society and the profession and take appropriate account of the views of the public and patients whilst not involving a cumbersome and unnecessarily expensive Working Group.

- 3.2 Internally it is proposed that the project will engage through email and presentations at meetings all committees, interest groups (including the Academy of Pharmaceutical Science and Pharmacy Health Links) and the Scottish and Welsh Executives/Boards in the initial drafting of the Practice Framework. The internal drafting phase will take

place over the summer and autumn and will be followed by a series of external stakeholder meetings in the spring of 2007. Stakeholder meetings will be hosted by the Scottish, Welsh and English Boards. Details are set out in a draft Project Initiation Document attached at Appendix 3.

This drafting phase will also allow extensive opportunities to communicate with key internal and external groups about the project and where it fits with other work and the wider policy and service contexts. It will be followed by an in-depth consultation with individual pharmacists and technicians in 2007 and also with patients and the public.

3.3 *Council is asked to agree this proposal.*

4. Project governance

4.1 Clearly, the suggested broadening of engagement will risks the governance of this project becoming more difficult and diffuse – we therefore propose that the status of the oversight group be changed for this project and that a project management structure be adopted. A draft Project Initiation Document is attached at Appendix 3.

4.2 It is proposed that a small project board be established, with Graham Phillips as Chair and Ray Jobling as Vice Chair. The Board will report directly to Council because of the broad nature of the project it is not appropriate to make the project accountable to anyone of the Committees. It will include Marcia Saunders and a technician member of council together with the key members of staff involved in the related initiatives together with a member of the communications team. Its purpose will be to monitor progress and to ensure that this work is co-ordinated with other work.

4.3 *Council is asked to agree that a small Project Board be established as set out above.*

5. Risk implications

The Society is currently involved in a number of consultations. There is, therefore, a real risk of consultation fatigue.

The Practice Framework has to be recognised by, and be relevant to, all sectors of the profession and members of the pharmacy team – it must engage with the breadth of the profession and external stakeholders, Failure to do so risks it's credibility with large sections of the profession.

6. Resource implications

Funding for this work is already included in the 2006 and 2007 Corporate & Strategic Development budget.

7. Recommendations

On the recommendation of the Knowledge, Attitudes and Skills working group, the Council is asked:

- i. to agree that the name of the project be changed to the Practice Framework Project (PFP);
- ii. to agree a change to the project ways of working as set out in para 3.2; and

iii. to agree the establishment of a Project Board as set out in section 4.

John Sloan
Education Policy Project Manager

Sue Ambler
Acting Director Education & Registration

Appendix 1

Pharmacy education policy programme

Purpose

To receive the programme for education policy work and to agree the establishment of a working group.

Recommendations

It is recommended that the Council

- i. receive the education policy work programme and, specifically, as a necessary precursor to the work
- ii. agree the establishment of a Knowledge, Attitudes and Skills Working Party to “develop frameworks for Pharmacists and Pharmacy Technicians”, the Working Party to have a level of common membership with the Code of Ethics Working Party to ensure the work is appropriately co-ordinated, and
- iii. agree the information set out in the schedule attached at Appendix 1 in the standard remit format for the establishment of a Council working group.

1. Policy context

In the 10 years since the Society led the Pharmacy in a New Age consultation exercise the place of pharmacy at the heart of major areas of health policy has been assured. Recent government strategies in all three countries in Great Britain set out clearly the contribution that pharmacy is expected to make to the delivery of health and health care.

The face of our profession is changing as a result – aspects of practice identified in Pharmacy in a New Age as aspirational are now enshrined in legislation (prescribing) and areas that were leading edge practice are part of mainstream services funded by the NHS (medicines usage reviews and self-care).

The role of technicians has developed across all sectors too. Building on leading edge practice in hospitals many community pharmacists now work with a team of qualified, and soon to be registered, professionals, whose practice and level of responsibility and autonomy has changed and will continue to change as pharmacists take on additional clinical responsibility.

Pharmacists are taking greater personal and professional responsibility for the clinical care of patients and the health and well being of the public than at any time in the past. Across all areas of the NHS pharmacists are working as fully integrated members of the healthcare team – while this may still be on a sessional basis for community pharmacists - it is a trend that will develop over the coming years. Professional competence has been re-defined – pharmacists are no longer the prescribers back stop but frontline professionals in their own right. Their practice and professional judgment will be scrutinised and judged by other members of the team. The trust that colleagues put in the skills and knowledge of pharmacists and

technicians must not be misplaced and the reliance that patients put on their judgment must not be undermined.

Aspects of practice that were nice to have, such as good consultation skills and meticulous record keeping are now crucial – from here on it matters if pharmacists forget to ask questions in a medication review or in dispensing a repeat prescription; or misinterpret body language or miss cues from patients about emerging problems. As pharmacists may be the only healthcare professional the patient is seeing routinely, it matters if they miss something or handle a clinical situation poorly.

Performance issues as well as conduct cases will populate our fitness to practise landscape in the future, and the S60 Order will give wide powers to define and investigate poor performance. The Law & Ethics Committee is overseeing work on a revision of the Codes of Ethics and a performance framework – the education framework needs to deliver within this new context.

We have to make sure that the education pharmacists and technicians receive will deliver not only the knowledge but also the skills, attitudes and values required to deliver high quality, consistent and safe practice across pharmacy from day one. Similarly it is the Society's responsibility to ensure that they have the capacity to maintain and develop higher standards of practice as they gain experience and accumulate expertise through practice, further study and CPD. This is not simply a regulatory requirement it is a professional leadership responsibility that the Society has to shoulder – no other body has the powers or the remit to tackle this agenda. Education lies, at it has for 160 years, at the core of the Society's business; it underpins our Register and our workforce.

2. Education policy at the Society

While aspects of our education standards have been reviewed and updated as recently as 2003/04 there has not been a comprehensive and integrated review of education policy since the Nuffield Inquiry in 1985. Given the policy context, the time for such a root and branch review of education policy is now due and the Society must be proactive or risk reacting to problems that emerge either through the revised fitness to practise framework or through CHRE's Performance Review

The S60 Order will provide us with a comprehensive and integrated legislative framework within which to work. For the first time the Society will have clear and unambiguous powers across all aspects of pharmacy education that will allow us to take a holistic approach to education across the pharmacy team and across the careers of individual pharmacist and pharmacy technicians. We must support pharmacists to meet the new and higher standards and also prepare new graduates to meet the challenges from their first day on the register.

To make the most of this opportunity to go back to first principles, a staff team has been working with the Education Committee over the past year to shape a policy development programme for 2006 onwards. This programme will provide the foundations not only to transform the pharmacy team, but will underpin the transformation of the pharmacist's role within the wider healthcare team.

There are three key questions that have to be addressed. These are:

- What knowledge, skills, attitudes and values does the workforce need and at what level?

- What needs to be taught learned and assessed when, where and how and at what level to ensure that the workforce is competent and fit to practise?
- What resource is needed to deliver appropriate teaching, learning and assessment and how should this best be organised?

In addition to the developmental thinking undertaken within the Education & Registration Directorate and by Education Committee, a number of key background reports have been produced by R&D and Policy within the Corporate & Strategic Development Directorates during 2005. These include the Future Competencies Project, the Functional & Occupational Map (with Skills for Health) and a Survey of Teaching, Learning & Assessment (funded with a grant to the Pharmacy Practice Research Trust). The project team has an ongoing programme of visits to schools of pharmacy and other training providers and has recently returned from a study tour to Ontario and British Columbia in Canada. Reports are available from Dr. Sue Ambler, Head of R&D and Policy Lead for Education.

3. Outline of the programme

The policy programme is likely to have a number of phases:

- Phase 1: Establishing a consensus around what members of the pharmacy team do and what they therefore need to know, what skills they must acquire and how they need to behave. This work is an essential precursor to everything else and must be co-ordinated with the development of a Performance Framework for the new fitness to practise procedures and registration and the revision to the Codes of Ethics. For this reason it is suggested to the Council that a working party with a lay member of Council as chairman set up to agree knowledge, attitudes and skills, to sit alongside the Code of Ethics working party and to include some elements of common membership. The Performance Framework should also be considered central to revalidation (phase 4).
- Phase 2: Establishing whether and at what level advanced/specialist registration should be set and writing education standards accordingly.
- Phase 3: Drafting the educational standards and quality assurance frameworks for each aspect of pharmacists' and technicians' education – these are currently the indicative syllabus and the accreditation framework (for both the MPharm programmes and the supplementary prescribing course), the preregistration performance standards and the examination syllabus. In the draft timetable (attached as Appendix 2) and following further consideration, Council will see that Phases 2 and 3 can occur concurrently.
- Phase 4: Establishing policy in relation to revalidation and its relationship to CPD, including reviewing registration policy, perhaps to define a direct patient care part of the register to allow targeting of revalidation.
- Phase 5: Implementation of the educational standards developed in Phase 3 is likely to take up to five years. An implementation plan will be put forward in late 2007.

Given that the timing of implementation of revalidation may be heavily influenced by the outcomes of the regulatory reviews being undertaken by the Chief Medical Officer and Andrew Foster, we have not included it on the timetable. We could begin, however, with an early consultation to establish what the profession would expect revalidation to achieve and how it might be implemented, possibly alongside the Phase 1 work. Keeping up to date and maintaining high standards of practice did emerge in the Pharmacy in a New Age consultation

and were developed as the current CPD programme. This is worth revisiting now in the light of the changing roles and responsibilities, but also as we enter the post-Shipman regulatory era.

There will need to be a significant programme of engagement as well as formal consultation with stakeholders – this will be programmed in as a vital, and rate-limiting, step. The project team has already identified a number of “show stoppers” – things (usually resources e.g. academic workforce, infrastructure, assessment methodologies, and skills) that are necessary to support implementation. If “show stoppers” cannot be addressed, the programme will have to be re-evaluated. Given the natural overlaps with fitness to practise and the Codes of Ethics, the involvement of Education, Practice and Law & Ethics Committees is essential to ensure an integrated approach to policy development across the organisation.

4. Risk implications

Given the integral nature of education to large parts of the work of the Society, the risk of having a policy that does not keep pace with developments in society at large is considerable. The policy development programme is presented here as a package because of there is some work – including the performance framework – that is key to many if not all of the elements, so it makes sense to tackle these issues together, and in a planned way. There may, of course, be additional risks from tackling one or other element of the current education continuum in isolation from all of the others.

5. Resource Implications

This work is budgeted. It will, however, be important to ensure that consultations on the education policy work are co-ordinated and, where possible, integrated to ensure best value for money and to avoid response fatigue among the profession.

6. Recommendations

It is recommended that the Council

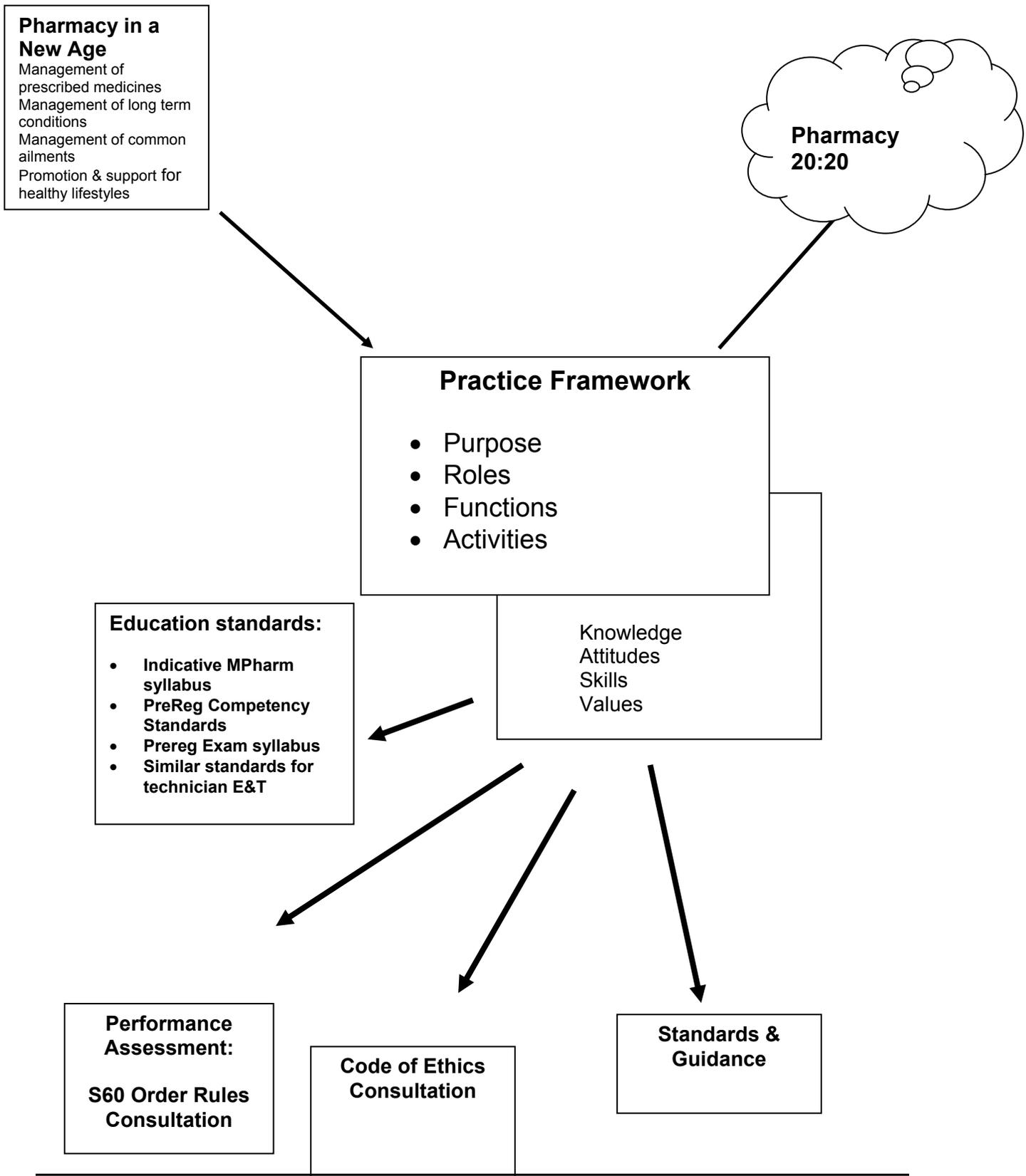
- i. receive the education policy work programme and, specifically, as a necessary precursor to the work
- ii. agree the establishment of a Knowledge, Attitudes and Skills Working Party to “develop frameworks for Pharmacists and Pharmacy Technicians”, the Working Party to have a level of common membership with the Code of Ethics Working Party to ensure the work is appropriately co-ordinated, and
- iii. agree the information set out in the schedule attached at Appendix 1 in the standard remit format for the establishment of a Council working group.

Dr Sue Ambler
Education Policy Lead

Philip Green
Director of Education & Registration

Rob Darracott
Director of Corporate & Strategic Development

Appendix 2



Appendix 3**Developing a Practice Framework for Pharmacy****Project Background**

In the 10 years since the Society led the Pharmacy in a New Age consultation exercise the place of pharmacy at the heart of major areas of health policy has been assured. Recent government strategies in all three countries in Great Britain set out clearly the contribution that pharmacy is expected to make to the delivery of health and health care.

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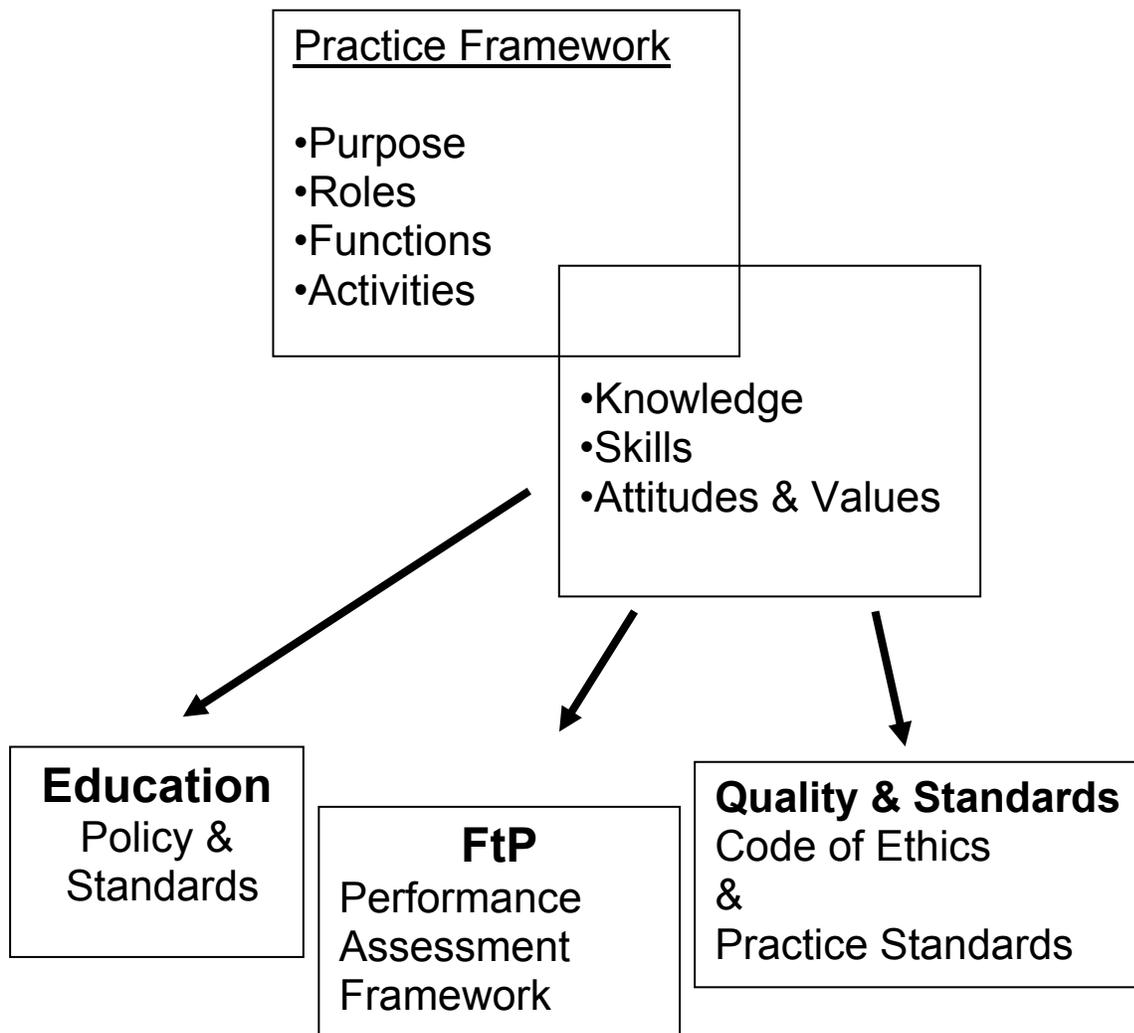
Performance issues as well as conduct cases will populate our fitness to practise landscape in the future, and the S60 Order will give wide powers to define and investigate poor performance. The Law & Ethics Committee is overseeing work on a revision of the Codes of Ethics and a performance framework – the education framework needs to deliver within this new context.

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The Society is leading a number of important initiatives including Pharmacy 20;20; a review of its Code of ethics and the development of a set of rules to implement the forthcoming S60 order. In addition it is reviewing its education policy with a view to setting new standards across all areas of education once the S60 order is in place.

A key document underpinning many of these pieces of work is the Practice Framework (see Council paper on Education policy agreed at the Council meeting in December 2005)

The purpose of this project is to draft a Practice Framework which defines what members of the pharmacy team do and what they therefore need to know, what skills they must acquire and how they need to behave. This work is an essential precursor to everything else and must be co-ordinated with the development of a Performance Framework for the new fitness to practise procedures and registration, the revision to the Codes of Ethics etc. The project also needs to fit with the wider future work – Pharmacy 20; 20. and to reflect the introduction of the Boards.



Project Objectives

The objective of this project is to develop a Practice Framework for Pharmacy with underpinning knowledge, skill and attitude requirements, which has buy-in (acceptability/credibility) from the different sectors of the pharmacy profession. The practice framework will describe what members of the pharmacy team do in their day to day work and what they need to know in order to carry out these activities. It will involve the definition of:

- Key roles pharmacists and members of the pharmacy team perform
- Broad functions that enable pharmacists and members of the team to fulfil each role
- Daily activities that contribute to each function
- Specifications of the knowledge, skills and attitudes pharmacists and pharmacy team members need

The objective of the practice framework is to describe the components of good pharmacy practice. It is not a description of any one pharmacists' or pharmacy team members' job.

Some components are more relevant to pharmacy team members involved in direct patient care, while others are more relevant to those engaged in research, management, industry or academia.

This initial development project will be followed by a consultation which will involve the whole profession and stakeholders (Stage 2).

Project Deliverables

The key output will be a draft practice framework with questions to be addressed during the consultation phase

Project Team Members

This project will be managed by John Sloan, Education Policy projects manager, with input from the Project lead, Dr Sue Ambler and relevant members of staff across the Society.

Project Board/Steering Group

Project Board – see establishment schedule/terms of reference attached at Annex 1

Please note that the name and composition of this group has been amended since the paper agreed by Council in December 2005. As the development of the Practice Framework will involve engaging with representatives from the different sectors of the pharmacy profession the purpose of this group is to provide strategic direction and oversight. Therefore this Project Board will include key members of the Society's staff alongside the Chair and Vice-Chair (Council members).

This Project Board will ensure that the project is delivered to plan, budget and timescale. The proposed project plan will be discussed and agreed by the group and any subsequent alterations will need Project Board approval.

Implementation Plan

An early draft practice framework has been developed by members of the Fit for the Future Education Policy team informed by work from Canada and Australia. This early draft now requires input from key areas of the pharmacy profession before being released for wide consultation. In the first instance the Board will work with the internal steering group to confirm the draft for consultation – this will utilise existing meetings of Groups, Committees and Boards and electronically.

It is proposed that this followed by a series of stakeholder meetings to discuss and agree the draft practice framework and to identify questions for consideration during the consultation phase.

The result will be a draft practice framework which has been informed by the profession ready for wider consultation. It is important that prior to consulting on the draft Practice Framework we have already addressed issues relevant to the different sectors of the profession and there

is a sense of wider ownership of the framework, before we consult with the profession and the public.

It is estimated that this process will take at least 7 months please see draft timeline below.

The proposed stakeholder meetings will be focused on defining the consultation and identifying what issues need to be discussed with the profession. It is important that the consultation is and is seen to be an opportunity for real engagement with the profession. It is also important that the key stakeholder groups have been engaged before going to wider consultation so that the pertinent issues are identified in the consultation.

There will be four stakeholder meetings – Scotland, Wales, South England and North England with approximately 30 participants at each. The meetings will present the need for a Practice Framework and describe the background context (PIANA, S60, education policy development, Code of Ethics review) and participants will be asked to contribute to discussions in relation to the:

- Purpose of pharmacy
- Role, functions and activities of the pharmacy team
- Issues/questions to be raised in the consultation

Participants will cover the range of pharmacy sectors – academia, hospital pharmacy, primary care pharmacy, small and medium size community pharmacy, multiple community pharmacy and industrial pharmacy.

The second stage – the consultation, including public and patient consultation – will then be undertaken in Q3 and Q4 2007.

The consultation documents will be agreed by Council in April 2007.

* One additional ½ day meeting has been costed into the budget as a reserve.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Consult with Internal Ref. Group								
Arrange stakeholder meetings								
Invite participants								
Agree format of meetings								
Run meetings								
Write up meetings								
Re-draft Practice Framework								
Draft consultation documents								
Finalise consultation documents and process								
Project Board meetings*								

Resources

Staff time required:

Project lead	½ day a week
Education policy projects manager	3 days a week
Project Board members	6 x ½ days over project

Financial resources required:

Facilitator costs?		
Stakeholder meeting costs	4 regional meetings for 30 people each	£ 6,000
Travel	Team members and participants	£10,000
Project Board meeting costs		£ 2, 500

Stakeholder Analysis

One of the first activities that the project board will be asked to undertake is a stakeholder analysis to support the development of an engagement/communications strategy.

Project Risks

There are a number of areas of risk that need to be considered as part of this project:

- *Risk of not having a practice framework*
- *Risk of not engaging with the profession in the development of the framework*
- *Risk of having adequate resource to undertake this process appropriately*
- *Risk of not dovetailing with other consultations (Code of Ethics, Pharmacy 20:20)*
- *Risk of consultation fatigue*

The Project Board will discuss project risk at the first meeting and a plan to manage these risks will be developed.

John Sloan
Education Policy
7th July 2006

Annex 1

Project Board and Steering Group: establishment schedule

a. Title

Knowledge, Attitudes/values and Skills Working Group (*now to be known as the Practice Framework Project Board*).

b. Remit

To oversee the development of a Practice Framework for Pharmacy, this framework will:

- establish a consensus around what members of the pharmacy team do
- establish a consensus around what members of the pharmacy team need to know, what skills they need to acquire and how they need to behave

c. What the group is to do

- Oversee and manage the development of the draft Practice Framework ensuring relevant engagement from the different sectors of the profession
- Develop a consultation exercise with the profession, the public, other healthcare professions and pharmacy stakeholders (including employers)
- Oversee implementation of the consultation exercise in 2007
- Responding to the results from the consultation finalise the Practice Framework:

d. Composition – Project Board

Chairman: Graham Philips

Vice Chair: Ray Jobling

Marcia Saunders

Lesley Morgan

David Gomez Legal Adviser

Damian Day Head of Accreditation

Lynsey Balmer Head of Ethics

Michele Savage Pharmacy 20; 20

Felicity Slayford Public Affairs

Chief Scientist (When in post)

The Board will work, in the first instance, with an Internal Reference Group to confirm the initial draft for consultation with external stakeholders.

Internal Reference Group

- Chair of Education
- Chair of Practice
- Chair of Law and Ethics
- Chair of Science
- Chair of Welsh Executive
- Chair of Scottish Executive
- Brian Curwain – Primary Care Pharmacist and member of Council plus

Plus

Chairs of the RPSGB's special interest groups:

- Academic Pharmacy Group
- Industrial Pharmacy Group
- Hospital Pharmacy Group
- Community Pharmacy Group
- Veterinary Pharmacy Group

And

- Pharmacy Healthlinks
- Academy of Pharmaceutical Science

Timescale

To convene in August 2006

To report to Council in April 2007 on the development of the Practice Framework and proposals for the consultation exercise (including a public and patient involvement stage)

e. Lead staff/member

Sue Ambler

John Sloan – Education Policy Project Manager

f. Expected Number/Frequency of Meetings

The Working Group will meet upto six times:

(Initial dates are as below, with one date held in reserve)

- August 2006
- September 2006
- Nov 2006
- January 2007
- April 2007

i. Resources

Funding for this work is already included in the 2006 Corporate & Strategic Development budget and funding for the consultation process will be included in the 2007 Corporate and Strategic Development budget.

The working group established under this remit will adopt the roles and working procedures agreed by the Council for working groups in October 2005