

SEPTEMBER COUNCIL MEETING

New Council composition approved

The Council of the Royal Pharmaceutical Society has approved a new composition for the Council and agreed its future responsibilities. At a special meeting on 18 September, it was agreed that the Council will retain an overall professional majority but will include 30 to 40 per cent of lay members and up to two pharmacy technicians (subject to the Society proceeding to register technicians). The total membership will be in the range of 24 to 30. The government chief pharmacists for England, Scotland and Wales will be invited to attend appropriate parts of Council meetings, without voting rights.

Opening the debate, the PRESIDENT said that determining the Council's responsibilities and composition was the next stage in the modernisation process. The Council had discussed the issues at several policy development days and a further meeting had been held that morning. A number of recommendations were set out in a paper prepared as a consequence of discussions within the modernisation steering group. The paper also highlighted the responses received by the group as a result of consultation.

Reformed Council The Council first approved recommendation one, which was that there should be a reformed Council. It also approved recommendation two, that the reformed Council should be the governing body of the Society and fulfil the requirements for a modern regulatory body.

Society's functions Recommendation three set out functions of the Society that should be specified in its proposals to the Government:

1. Protecting the public by keeping up-to-date registers and setting and enforcing standards of education, practice and conduct
2. Considering allegations of misconduct or of unfitness to practise owing to poor performance or ill health
3. Supporting and fostering good science and practice in pharmacy
4. Promoting the profession of pharmacy so that its contribution to health and health care is understood
5. Developing the profession of pharmacy

The Council agreed all the proposed functions of the Society.

Council responsibilities Recommendation four set out 10 proposed collective responsibilities

of the Council within the agreed framework. These were to:

1. Lead strategic development and policy in the profession, science and practice of pharmacy
2. Contribute to wider policy debate in the public interest
3. Advise the public, other professions, the Government and the profession on pharmaceutical matters, including the use of medicines in society as a whole
4. Represent the Society's policies and views to others and promote the profession, science and practice of pharmacy in the public interest
5. Make rules governing the Society's regulatory functions, including setting standards for education, practice and conduct
6. Ensure the proper exercise of regulatory and law enforcement duties
7. Monitor the efficiency and effectiveness of the organisation and set priorities for activities and expenditure
8. Determine the overall organisational and management framework of the Society
9. Ensure high standards of corporate governance
10. Act as trustee for the Society's trusts and funds

Answering a question about the difference between points 2 and 4, the SECRETARY AND REGISTRAR said that there was a view that the Society should contribute to wider policy debate at a high level within the public arena. Representing the Society's policies and views to others and promoting the profession was different from contributing to the development of wider policy debate.

The Council then adopted all 10 proposed collective responsibilities.

Size of Council Recommendation five was that the reformed Council should be in the range of 24 to 30 members.

PETER CURPHEY said that concerns about the number of pharmacists on the Council could not be properly addressed with a membership of 24 to 28. There could

be 18 pharmacists, 10 lay members and two technicians — a total of 30.

GERALD ALEXANDER said that he supported that figure. He could not accept a Council with fewer than 18 pharmacists.

ASHWIN TANNA said that he believed a total of 24 was the right number. The Government wanted proper professional self-regulation, and one criterion was small, strategic councils. What was needed was quality, not quantity. The 24 could be made up of 15 pharmacists and nine lay members — a ratio of 60:40. Two of the lay members could be pharmacy technicians.

The PRESIDENT said that the Council was not being asked to be explicit about an exact number at this stage, but it would be helpful to agree a range that would allow a degree of flexibility. In the consultation exercise, those pharmacists who responded directly favoured a Council of 20 to 30 members. That was not far from the points made by Mr Curphey and Mr Tanna.

LINDA STONE said that there was a number below which the Society could not go for a working Council.

On a vote, it was agreed that the reformed Council should have from 24 to 30 members.

Pharmacist majority Recommendation six was that there should be an overall pharmacist majority on the reformed Council, in keeping with the principle of professionally led regulation.

Dr GORDON APPELBE asked whether technicians were to be treated as members.

Professor MICHAEL SCHOFIELD said that it was a straightforward recommendation that there should be an overall pharmacist majority on the reformed Council. Technicians were not pharmacists. There was no problem. If there was an overall pharmacist majority that was 51 per cent and if, as proposed, there was 40 per cent at the most of lay people, that did not add up to 100 per cent. The difference was where the technicians sat. Council members could argue all day about whether technicians were lay or not. But it did not matter because the numbers made sense regardless of the debate and there was no point in pursuing it.

The Council then voted that there should be an overall pharmacist majority on the reformed Council.

Lay membership Recommendation seven was that lay members should comprise 30 to 40 per cent of the reformed Council, in keep-



Moving towards the Council of the future

In a statement about the decision on the Council's future composition, the Society says that aim of the modernisation programme is to ensure that pharmacy has a modern, effective and efficient regulatory and professional body, committed to quality and improvement and to meeting its responsibilities to the public and the profession.

The Society says that the Council's decisions follow consideration of the issues covered in the modernisation steering group's first discussion paper, on "Responsibilities and composition" (*PJ*, 15 June, p855). The Council looked first at the concerns that had been raised. A number of individuals and groups had expressed support for the Young Pharmacists Group's proposals (*PJ*, 29 June, p906), under which the Council would retain its current composition and delegate authority for all regulatory functions while remaining the governing body of the Society. Alternatively, it was suggested that the Society could operate with two boards (one regulatory and one professional) and no overall governing body.

The Society's view is that these models would not be sustainable and would not be acceptable to the Government. However, the Council recognised that these responses revealed valid concerns and a strength of feeling that should be addressed. The main concerns voiced were whether the Society could maintain its representational role at the current level, the potential loss of membership

aspects of the Society, the potential impact of an increased lay membership of Council on leadership and professional development work, and the lack of a trade union-type body open to all pharmacists.

Within its representational work, the Society promotes pharmacy's contribution to health and health care and aims to ensure that the voice of the profession is heard wherever policy relevant to pharmacy is made or implemented. It lobbies for change in the interests of both public and profession on issues across the full range of the Society's remit, whether regulatory or professional. The Council sees no reason why the Society should stop representing the profession in this way. The changes envisaged would be likely to strengthen the Society's position and increase its credibility, allowing the future Society to do even more of this work.

Some pharmacists had expressed concern at a possible loss of membership aspects of the Society such as information and advice services, publications, conferences and the branch network, but the Society says that none of these is incompatible with the role of a modern regulator and there is no reason why it should not continue these activities.

A number of pharmacists had expressed concern at the potential impact of greater lay membership on the strategic, leadership decisions of the Council. The Society says that, because most Council members would still be pharmacists, the ability to take this work forward

would not be at risk. Instead, an increased lay input should ensure that future policies are robust and sustainable, taking account of what matters to the profession and to other stakeholders.

To guard against any risk that a future Council might let professional leadership and development slip down the list of priorities, the Council has agreed that its representational work, support for and fostering of good practice, and its leadership and professional development function should be specified within the Society's proposals to the Government. The Society should also be enabled to make a greater contribution to public policy on issues such as medicines information and genetics, and to contribute its knowledge and expertise on the use of medicines in society.

On the lack of a pan-pharmacy trade union, the Society says that the Council recognises that there is no organisation open to all pharmacists that could represent their interests without qualification. But the Society is not in a position to fill this gap and it is unclear to what extent other bodies might be interested in taking this forward.

On the recommendations approved by the Council at its 18 September meeting, the Society says that the NHS plan sets out the Government's minimum requirements for health professional self-regulatory bodies, which include an accountable, governing council with greater lay membership. If the Council is to remain the governing body of

ing with the principle that professionally led regulation is in partnership with the public.

Professor SCHOFIELD said that he would vote for the recommendation. He hoped that it would be nearer 40 per cent than 30 per cent, and thought that the Government would want some say in that.

The Council then approved the recommendation.

Technicians Recommendation eight was that, provided the Society proceeded to register pharmacy technicians, there should be two places for technicians within the reformed Council.

Mr ALEXANDER suggested that the number should reflect the ratio of technicians to pharmacists.

The PRESIDENT pointed out that, if all those people who were involved in the dispensing process were registered, there could be up to 10,000 people.

Professor SCHOFIELD said that the proposal for two technicians seemed sensible. Having only one was not right because if that person was absent from a meeting there would be no representation. More than two felt as if the proportions were wrong.

Mrs STONE said that the appropriate number of technicians depended on whether they were elected or appointed, and whether the position allowed a deputy.

The SECRETARY AND REGISTRAR said that the Council should avoid

the idea of introducing deputies, which had caused many problems on other councils.

The PRESIDENT said that technicians were an important group and would have a significant role to play in the totality of pharmacy in the future.

The Council then adopted the recommendation.

Government chief pharmacists The final recommendation was that the Government chief pharmacists of England, Scotland and Wales should be invited to attend appropriate parts of Council meetings and contribute to debate but have no voting rights.

Those present at the meeting were the President (Marshall Davies), the Vice-President (Dr Gillian Hawksworth), the Treasurer (Kirit Patel), Gerald Alexander, Dr Gordon Appelbe, Hassan Argomandkhah, Andrew Burr, Peter Curphey, Sultan Dajani, Wally Dove, Digby Emson, Alison Ewing, Christine Glover, Dr Nicola Gray, Sally Greensmith, Patricia Hoare, Clive Jackson, Professor Michael Schofield, Linda Stone, Ashwin Tanna and the Secretary and Registrar (Ann Lewis). Also present were the chairman of the Society's Scottish Executive (David Thomson) and the chairman of the Welsh Executive (Andrea Robinson).

Apologies for absence were received from Dr Phillida Entwistle, Dr John Evans, Hemant Patel and Helen Remington.

WALLY DOVE said he wanted to be clear whether it was attendance at all Council meetings or by invitation only.

The PRESIDENT said that the steering group view was that they should be invited to all Council meetings but would not be present for discussion on items of a confidential nature.

Mr DOVE asked who would decide which items the chief pharmacists would be barred from.

The SECRETARY AND REGISTRAR said that in practical terms the President initially would make the decision.

Mrs STONE asked which other regulatory bodies had attendance equivalent to the chief officers at their meetings.

CHRISTINE GRAY (project manager for the modernisation programme) said that the General Medical Council and General Dental Council both had their chief officers at their meetings.

CLIVE JACKSON asked whether chief pharmacists would have personal invitations or be allowed to send somebody to deputise.

The PRESIDENT said that there would be no deputies.

Dr NICOLA GRAY said that on occasions the Council might want to invite people other than chief pharmacists to attend appropriate parts of its meetings, but that was not within the recommendations.

The PRESIDENT said that the recommendation would not preclude inviting others to attend. The Council was specifically

Workforce census reminders sent out

the Society, and retain its strategic, policy-making and co-ordinating roles, it will have to fulfil the requirements for a modern regulatory body, the statement says. It is for that reason that the Council has adopted the first four recommendations.

On the decision that the reformed Council should have 24 to 30 members, the Society says that a large majority of respondents to the steering group's consultation favoured a Council of 20 to 30 members, reflecting a balance between a group small enough to work collectively and a number large enough to include necessary skills, experience and viewpoints.

Commenting on the Council's decisions on the overall pharmacist majority and the proportion of lay members on the reformed Council, the Society says that among those respondents within pharmacy who accepted the need for a significantly greater lay input on the Council, most favoured a pharmacist majority of 51 to 60 per cent and stakeholders outside pharmacy suggested a proportion of pharmacists ranging from 50 to 59 per cent. The general support for a pharmacist majority on the Council is in keeping with the principle of self-regulation and the need for a regulatory body to retain the confidence of the profession. There were mixed views on whether the Society's broader range of functions could justify a professional majority larger than one on its Council. However, the Council believes there is a good case for a

professional majority larger than one on the reformed Council to enable it to discharge effectively the full range of its responsibilities. Pharmacists may fear that a Council with fewer pharmacist members could become remote from circumstances and concerns within the profession.

On Council representation for pharmacy technicians, the Society says that the Council has already agreed to move towards the regulation of pharmacy support staff. This decision and the increasing contribution made by support workers, suggest that including pharmacy technicians on the Council would be appropriate. It is sensible to allow now for this possibility rather than seeking further amendments to the Council's constitution later. Although technicians would be considered part of the Council's professional membership, their inclusion would be consistent with a lay membership of 30 to 40 per cent.

On the involvement of Government chief pharmacists in the Council, the Society says that the discussion paper attracted overall support for the chief pharmacists being able to attend Council meetings but little support for them having voting rights. The Council's decision reflected a recognition that some Council matters would not be appropriate for discussion in the chief pharmacists' presence.

The Society says that more detailed aspects of the future Council's constitution will be considered over the coming months.

looking at whether the chief pharmacists should be invited to attend.

Dr GRAY said that she wondered whether the Government would expect the Society to include this issue in its proposals for the composition of Council.

The SECRETARY AND REGISTRAR said it had arisen because in other circumstances the appropriate chief officer was invited. It would be peculiar if the Society had not looked at the matter. If the Society was to achieve most of what it wanted it had to engage the chief pharmacists — for example, to get the necessary Byelaws amendments passed.

Mr CURPHEY said that the Council did not see enough of the chief pharmacists. They were vital to the profession. The Council should be sensible enough to know where they fitted in and where they did not. They were the primary stakeholders of what the profession delivered. It would be good for the profession to have their attendance at Council meetings. With regard to whether their attendance would put the Council in a difficulty, he felt the sensible thing would be for the President or the Secretary and Registrar to have a five-minute conversation the week before a Council meeting to say what was to be discussed and to give advice regarding attendance.

DAVID THOMSON wondered whether soundings had been taken to see whether such an invitation would be welcome. A glorified observer status might

backfire from the point of view of what the Council was trying to achieve. Also, the chief pharmacists were not just across the river but in Scotland and Wales.

The recommendation was then agreed.

BYELAW AMENDMENT: LOCUM EXPENSES

The Council approved a proposed Byelaw amendment to clarify the circumstances in which locum expenses can be paid when Council members are away from their place of work on Council business (see p466).

The PRESIDENT reminded the Council that at its August meeting it had asked the Secretary and Registrar to undertake further work on a draft amendment.

The SECRETARY AND REGISTRAR said that she had taken further advice. It was held that the Byelaw was not prejudicial and reflected the Council's desired policy.

Dr APPELBE said that he accepted that the Society had taken counsel's opinion — and he had no brief for any particular company or pharmacist owner — but the effect of the amendment was that a large company that allowed a pharmacist to go to the Council could not claim locum expenses for a replacement but a private company could do. So long as the Council realised that that was what it was voting for, then so be it.

The PRESIDENT said that the draft Byelaw amendment fulfilled the aims of the Council's decision.

Reminder forms are being sent out to the minority of members of the Royal Pharmaceutical Society who have still not returned their pharmacy workforce census forms (P7, 31 August, p301).

The Society needs a great a response as possible because of the importance of the census results to its work as a professional and regulatory body in the areas of workforce planning, education, research, developing the register and implementing race relations legislation. By 24 September more than 26,500 members had responded — roughly 60 per cent of the register.

Any members who have not yet received their census form or who require further information about the census should contact Zoe Whittington, Research Manager, Practice Research Division (e-mail zwhittington@rpsgb.org.uk; tel 020 7572 2276).

OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society of Great Britain should be addressed, except where otherwise stated, to the Secretary and Registrar, The Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629).

Statutory Committee decisions

Set out below is the outcome of recent inquiries heard before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain.

On Monday 16 September 2002 in the inquiry into **Shiraz Habib Mitha**, of 2 Stonemead, Welwyn Garden City, Hertfordshire, the committee, having found misconduct established, resolved to adjourn the inquiry for 12 months.

On Tuesday 17 September 2002, in the new and resumed inquiry into **Michael Robert Lawrie**, of 3 Breton, Stony Stratford, Milton Keynes, Buckinghamshire, the committee, having found the misconduct established, resolved to adjourn the inquiry until March 2003.

In the inquiry into **Yui Pui Tsang**, of 6 Oakwood Rise, Leeds, the committee, having found the conviction proved, directed the Registrar to remove Mr Tsang's name from the Register of Pharmaceutical Chemists. Under Section 11 of the Pharmacy Act 1954, this direction is not to take effect until the expiration of a period of three months from the date on which notice of removal is given or in a case where an appeal has been brought against the direction, until the appeal is determined or withdrawn.

On Wednesday 18 September 2002, in the inquiry into **Hasmukhkant Nanji**

Badiani, of 32 Beechcroft Gardens, Wembley Park, Wembley, Middlesex, and **Amal Razouki Hasan**, of 49 Churchill Gardens, London W3, the committee resolved to adjourn the inquiry.

On Thursday 19 September 2002, in the application for restoration of **Michael John Wallace Haynes**, of Edificio Astrale 10C, Calle Rodrigo de Triana 7, Fuengirola 29640, Málaga, Spain, the committee resolved to direct that the name of Mr Haynes should not be restored to the Register of Pharmaceutical Chemists.

In the inquiry into **Peter Samuel Rees**, of Tongwynlais Pharmacy, 17 Merthyr Road, Tongwynlais, Cardiff, the committee resolved to adjourn the inquiry for nine months.

M. B. PAWLUCZYK (Mrs)
Secretary to the Statutory Committee

Alterations to the Byelaws:
meetings of Council

NOTICE is hereby given in accordance with Section XXVIII of the Byelaws that the Council of the Society has approved proposals to alter the Byelaws concerning the Council and meetings of Council (Section VII) as hereunder and that it intends to make such alterations after the expiry of 60 days from the date of this notice, subject to such amendments as the Lords of the Privy Council may require.

SECTION VII

Paragraph 3 — Delete the second sentence and insert “Where expenditure is incurred in employment of a pharmacist to take personal control of registered retail pharmacy premises in order to comply with the

requirements of the Medicines Act 1968 while a member of Council normally present on those premises as sole pharmacist and registered proprietor of those premises is engaged on Council business, entitlement to reimbursement of that expenditure shall arise for a sum not exceeding £200 where that sum is incurred either by a private limited liability company of which the member of Council is a director or by the member of Council personally.”

ANN LEWIS
Secretary and Registrar

Note: The effect of the Byelaw amendment is to clarify the circumstances in which daily locum expenses can be paid when Council members are away from their place of work on Council business.

DIARY

HEADQUARTERS MEETINGS

The following meetings take place at the Royal Pharmaceutical Society's headquarters, London

Monday 30 September
Officers' meeting 9am
Education Committee 2pm

Tuesday 1 October
Resource Management Committee 10.30am
Infringements Committee 1.30pm
Council meeting 3.30pm
Council dinner 7pm

Wednesday 2 October
Council meeting 9.30am

LOCAL MEETINGS

Events listed below are meetings of branches or regions of the Royal Pharmaceutical Society. Details of all future meetings notified to The Journal appear in the Diary section of PJ Online (www.pjonline.com/noticeboard)

Monday 30 September
Chiltern Region Executive committee meeting. Holiday Inn, High Wycombe. 6pm.

Tuesday 1 October
Northern Scottish “Pharmaceutical care model schemes” by Anna Marie McGregor (director, pharmaceutical care model schemes development team). Marriott Hotel, Culcabock Road, Inverness. 7.30pm.
Southampton “Medicines management in practice”. Hampshire and Isle of Wight Strategic Health Authority, Oakley Road, Southampton. 7.30pm.

Wednesday 2 October
Warrington “Supervision and professional accountability” by Helen Darracott (head of professional standards, Royal Pharmaceutical Society). Fir Grove Hotel, Knutsford Old Road, Grappenhall, Warrington. 8pm.

Thursday 3 October
Hounslow “Statins and exercise: keeping coronary heart disease at bay” by Dr R. Fink (consultant lipidologist, chemical pathology, West Middlesex University Hospital) and David Ollington (healthy lifestyles officer, Hounslow Primary Care Trust). Education Centre, West Middlesex University Hospital, Isleworth. Buffet 7.30pm, meeting 8pm.
Huddersfield “Forensic science laboratories” by A. D. W. Forrest. Postgraduate Centre, Huddersfield Royal Infirmary. 8pm.
Lanarkshire “Electronic transfer of prescriptions” by Gordon Shaw (project director). Hilton Strathclyde Hotel, Bellshill. 8pm.

Monday 7 October
Central Lancashire “Palliative care” and tour of Trinity Hospice. Trinity Hospice, Bispham. Buffet 7pm, meeting 7.30pm.
Isle of Man “Update on drug misuse and cannabis” by Dr David Temple. Sixth Form Lecture Theatre, Ballakermeen High School. 7.15pm.
Macclesfield “The role of the pharmacist in palliative care” by Julie Whitehead (Macmillan pharmacist). Education and Training Centre, Macclesfield District General Hospital. Buffet 7.15pm, meeting 8pm.
Stockport “What should I be doing? — continuing professional development” by Claire Grout (head of pharmacy education and training, Greater Manchester Workforce Confederation). Lecture Theatre A, Postgraduate Medical Centre, Stepping Hill Hospital, Stockport. Refreshments 7.15pm, meeting 8pm.
Worthing and West Sussex “An update on Parkinson's disease” by Dr R. Clifford Jones (consultant neurologist, Worthing and Southlands Hospitals Trust). Worthing Postgraduate Medical Centre, Park Avenue, Worthing. Buffet 7.30pm, meeting 8pm.