

SPECIAL GENERAL MEETING

Overwhelming majority seeks different way forward for Society's modernisation

The special general meeting of the Royal Pharmaceutical Society on 1 June, attended by about 350 people, carried overwhelmingly four motions arising out of members' concerns about the direction of the Council's proposals for modernising the Society.

Speakers who opposed the Council's decisions included the four newly elected Council members (Martin Astbury, Douglas Simpson, Noel Wicks and past president Nick Wood), one current Council member (Sultan Dajani), two who have just left the Council (Dr Gordon Appelbe and Hassan Argomandkhah) and four other former Council members (John Jolley, Mark Koziol, Professor Clare Mackie and past president David Sharpe). Few of those who contributed to the debate offered support for the Council's proposals.

The meeting's four resolutions are set out in the Panel. A fifth motion, which rejected any increase in the proportion of non-pharmacist members of the Council, was allowed to lie on the table. This decision was made because of the passing of the first resolution.

EXPERTS

The meeting, held at the Queen Elizabeth II Conference Centre in London, began at 2pm with a welcome from the Society's President (Marshall Davies) followed by a prolonged and noisy dispute about the status of those present — particularly legal experts — who were not members of the Society.

The PRESIDENT said that Robert Bulling, head of the charter group at Allen & Overy, had been invited in case any legal clarification was required during discussion. The President asked that anyone present who was not a member of the Society should sit at the back in seats allocated to observers.

Members then protested that if the Save Our Society legal experts were to sit with the observers, then so should Mr Bulling, who had no greater right to be present.

After heated discussion, it was finally agreed that Mr Bulling would advise the President privately and other experts would give advice privately but only members should speak.

COUNCIL REASSURANCE

The President then said that he would like to start by reassuring those present that the Council understood their strong feelings and concern. There might be a difference of view about the way ahead, but he thought that all shared a desire to ensure the well-being and continuance of the Society.

The Council would be fully informed of the views expressed during the SGM. It

The SGM resolutions

The following resolutions were made by the meeting:

- This meeting resolves that the Council of the RPSGB should abandon its current preferred proposal on reform of the Society in favour of a model that allows the RPSGB to be operated by two separate boards, one to deal with professional representation and one to deal with regulatory matters.
- This meeting resolves that the Society's Charter should retain without qualification of the object: "To maintain the honour and safeguard and

promote the interests of the members in their exercise of the profession of pharmacy" and that this object is restricted to pharmacist members.

- This meeting instructs the Council to arrange for a referendum of the entire membership to be held to establish the level of support for any proposed new Charter once the details of any such proposal(s) have been finalised.
- This meeting resolves that the Council should hold a referendum of the membership to establish the level of support before seeking charitable status for the Society.

would give due weight to them and to the debate itself. However, he could give no indication as to how the Council would respond to the motions.

The Council served both the public and the profession. The public was represented by Parliament and the Council was accountable to Parliament for the exercise of its regulatory functions. Accountability to pharmacists was expressed primarily through the election of pharmacists to the Council. When any changes were proposed to the governance of the Society there had to be a wide consultation with the membership and with other stakeholders, including the public, patients, Government, the National Health Service and other health professions. The Council then had to take all the feedback into account.

The President said that before moving on to the items for discussion, he would like to make a general point about what the Council was trying to achieve. Change was needed in the existing legislation to make the Society fit for the future. Reform of the legislation would take the form of an Order under Section 60 of the Health Act 1999. The Government expected the Society's remaining proposals for change over the next couple of months. The Department of Health would then produce a draft Order and would undertake a public consultation process before new legislation was produced.

While the Section 60 order was being promulgated by Government, it was sensible to ensure that the constituting documents as a whole were contemporary, comprehensive and consistent. Without such an initiative, the Government might use the Section 60 Order to effectively overwrite the Charter. The Society had a unique opportunity to reshape its entire framework of governance in a co-ordinated and coherent way. That would also enable it to strengthen its role as a

professional leadership body. To do that, the Council had agreed to seek a new Charter.

COUNCIL COMPOSITION

Moving on to the individual items for discussion, the President said that the first item concerned the Society's proposals for changes to the composition of the Council and specifically whether to reject any increase in the proportion of non-pharmacist members of the Society's Council. This was simply not an option. It was not within the Society's powers to reject an increase. The Government had made its requirements clear to the Society and other pharmacy bodies. Back in 2000, the NHS plan had set out a common vision for all regulators, with no exception for pharmacy. The Department of Health had consistently reinforced that message to the Society.

The Council's proposals for the proportion of lay membership matched the lowest of those agreed for the other bodies, which ranged from 34.5 to 48 per cent. But it was not yet known whether the proposal went far enough to satisfy ministers and if the Society did not get it right, the Government would impose lay membership as it saw fit.

Opening the discussion, JOHN GENTLE (Shropshire) said that it was 499 days since 18 January 2002, when the Society had issued a news release listing the members of its modernisation steering group (MSG). For 499 days members had listened to their leaders tell them what was good for them. But now, the members were here to tell the Council what they wanted. They would not be bullied into a Charter that they did not like. They would not accept the proposals for becoming a charity. They would not accept the processes that had been forced on them without their consent.

In May 2002, the Council had plumped for retaining the regulatory and the repre-

sentative roles within the Society. By December 2002, it had got to the important stuff, how to get re-elected. By February 2003, it had decided on the composition of the new Council. In a litany of decisions taken without the consent of the membership, this was where it had started to leave the rails. It hit the buffer in

representative body and did not want an increase in lay people on a representative Council.

The President had said that the Society was not and never had been a union, but no one was suggesting that it should be. In Canada, the Canadian Pharmacists' Association provided leadership for pharmacy, serving its members through advocacy, provision

put back in the charge of the Council — not of unaccountable people who could walk away from the mess once their job was done.

MIKE EMBREY (Lancashire) said that pharmacists deserved a modernised Society that put equal emphasis on regulatory issues and membership affairs. Through the pharmaceutical press the members had heard a lot about regulation but little about the future of the Society's professional representational role. The NPA, PSNC and YPG had declared six basic principles that the Society should follow while undertaking the modernisation process to ensure that its Society's professional role was not eroded or weakened in any way and to secure a Society fit for all futures. Those principles should be taken forward.

GAVIN MILLER (West London) said that the YPG, NPA and PSNC proposals merited serious analysis and a serious response, neither of which had occurred because the Society was not listening to the membership. It was clear from the document that the three organisations welcomed the review of the Society's remit and functions and agreed that the Society needed to modernise. Yet on many occasions, they had been called anti-modernisers. This label had been used to create a smokescreen to prevent the real message from being expressed. Rather than debating this model, the Society had immediately dismissed any alternatives to its predetermined endpoint — and this during a period of consultation when debate should have been encouraged.

In a letter to the YPG, Dr Jim Smith, chief pharmacist at the Department of Health, had stated that the YPG proposal was unacceptable because it would lead to confusion about which part of the Society had authority over professional regulation. This was not a flaw in the model but in the detail of the proposals, and should not have been a reason to tear up the document. The only realistic way of achieving the YPG, NPA and PSNC modernisation principles was through a two-board model with one undertaking the professional representation of the Society and one taking control of the regulatory function.

ALASTAIR BUXTON (Buckinghamshire) said that a number of detractors had made criticisms of the YPG model, but the profession should be looking at issues and not at the nitty-gritty detail. The principles of the model were most important.

The Society's Statutory Committee was renowned as the best health regulatory committee in Britain at the moment. But it needed strengthening and developing and it needed increased lay representation. In addition, the Society should be looking to the regulatory functions of the current Council and committees being taken on by a new regulatory board with significantly increased lay membership to cope with the requirements of the Government's agenda. The regulatory board would regulate pharmacists and technicians, its authority underpinned by health legislation.

Sitting beside that structure should be a membership and professional representation board, responsible for developing the professional work of the Society, for pushing the profession forward, for facilitating profes-



Members gather outside the conference centre before the meeting

March when it took the decision to seek a new Charter.

All along, the Council had said that there was no other option. After the February 2002 decision, everything appeared to have been set in stone. The Council had intoned its consultation mantra with a straight face while telling the members at every opportunity that the Government dictated this course of action. If that was so, why bother to consult? If it was not so, the Council should listen to the Young Pharmacists Group, the National Pharmaceutical Association, the Pharmaceutical Services Negotiating Committee, to the 11 past-presidents of the Society, to the two former editors of *The Pharmaceutical Journal* and the members who had cast 31,851 votes recently for policies opposed to the MSG proposals.

GRAHAM PHILLIPS (Hertfordshire) said that no one was arguing against modernisation. This time of great change presented great opportunities for pharmacists, and strong and effective representation of their interests would be, if anything, more important than ever. Yet the stark reality was a cunning plan by some at the Society to seize all the assets, abandon representation and become the Government's regulatory poodle.

The Society was substantially an employee profession. Betraying its representative role would leave most of the profession unrepresented and disenfranchised. The Society had adopted to retain both its regulatory and representative roles, and he wanted to ensure that it did what it said.

ANTHONY COX (Birmingham) said that he favoured modernisation, wanted more lay people in the regulatory mechanisms for pharmacists and accepted that the status quo was not sustainable. But he also wanted the Society to continue to be a repre-

of knowledge, partnership, research and innovation and education. It was not a union.

This agenda was not driven by the Council itself but by key administrators and officers within the Society. The modernisation steering group and administrators should confine their activities to supporting Council policies, not driving their own through the Council. Was it surprising that the flavour of the modernisation programme led to a purely regulatory organisation? It was easier to run a regulator rather than a membership body. A regulator had no need to focus on a membership agenda. The membership should oppose the modernisation proposals clearly and overwhelmingly.

HASSAN ARGOMANDKHAH (Liverpool) said that the Council had failed to communicate effectively with the membership. It classed any opposition to its own view as a vociferous minority — rabble and troublemakers. But, looking around, he saw no rabble. All he saw was hundreds of concerned pharmacists worried about their future without a true representative body capable of looking after their professional interests. They knew that pharmacy needed a transparent and publicly focused regulatory body, but not at the expense of the professional body losing most of its clout.

The office and the Officers had devised so many ad hoc groups packed with inner circle Council members, non-elected and external experts, that the rest of the Council had been left isolated. With the new ways of working not requiring the Council to approve all the minutes of such committees, Council members would often only find out about an item when it was too late to reflect and the decisions were about to be made. The profession did not need the expense of a democratic Council if all they were used for was to rubber stamp someone else's decision. He hoped that the Society's affairs would be

sional development and ultimately for improving patient care. Those were the basics of the YPG model — in essence keeping what is good about the Society and developing it. He had still heard no convincing arguments why the two-board approach should not be considered.

NOEL WICKS said that current Council policy was seriously flawed and represented regulatory overkill. By having two boards, the Society could fulfil all the regulatory principles as set out in the Kennedy report as well as the membership principles, many of which had been laid down by the YPG, PSNC and NPA and adopted by others.

The governing body should be reformed to help the Society adapt to the current definition of a regulator while at the same time ensuring its ability to deliver the professional aspect of its current and future responsibilities. The current proposals could not deliver this. A two-board structure could ensure appropriate lay input into the regulatory aspects of the Society while allowing flexibility and autonomy to deal with professional matters. It would allow technicians to sit on and be regulated by the regulatory board but not to be on the membership board.

MARK KOZIOL (Birmingham) said that, amazingly, he had heard it said that the Society's plan was completely sound, the only problem being a poor communication process. But it would destroy the membership role, remove the membership's democratic rights, relegate the most important clause in the old Charter and promote the interests of non-pharmacists. And that was sound? What kind of crazy logic was that?

The Society could book as many glitzy spin roadshows as it liked, but it would never be able to sell the members a pup. The two-board model was hugely attractive. It provides a perfectly viable alternative to the current plan and it had significant financial benefits.

The Society's annual regulatory income of £12m could be apportioned solely to the regulatory board. The Society's other annual income of £14m, mainly from publications, and all of the Society's other assets, should be proportioned to the proposed membership board and spent on the. How that could transform the profession!

DOUGLAS SIMPSON, a newly elected member of Council, reminded the meeting of the Society's policy on the structure of the future Council but said that he took a different view. He believed that a federal structure was needed. Instead of looking towards the General Medical Council, which was purely regulatory, the Society should look towards bodies like the British Medical Association, which was a multifunction professional association, a scientific and educational body and a trade union. According to its memorandum and articles, its main function was "to promote the medical and allied sciences and to maintain the honour and interests of the medical profession." This was not a million miles away from the Society's principal purpose, which was "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession of pharmacy".

Another similarity was that both the

Society and the BMA derived large parts of their income from publications — for the BMA around 40 per cent and for the Society around 50 per cent. Publishing was a characteristic activity of a professional association, whereas regulatory bodies did not publish books and journals.

The BMA was a multifunction body and



Noel Wicks: the current Council policy is seriously flawed

the Government was prepared to recognise parts of it as performing distinctive functions — parts such as its General Practice Committee. The Government or its agents were prepared to do business with them when negotiating doctors' terms and conditions of service. The BMA itself delegated authority to the committees concerned. Why could not a similar arrangement be made for regulation within the Society?

He supported the idea of having a board within the Society dealing with the regulatory agenda. It could have a large lay membership and technicians as well, if the Society went ahead with its plan to register technicians (a decision that had never been sanctioned by the membership as a whole). The Society's professional representative board, on the other hand, would concentrate on promoting and serving the interests of members.

The Council should set about working up proposals on those lines and taking them to the Government. It needed to abandon its current mode of operation, which seemed to be to find out what the Government wanted and then try to sell it to members.

MIKE WILLIAMS (Solihull) said that the ongoing modernisation process had led earlier this year to the publication of "Fit for the future: changing the Charter". This was a document over which great concern had already been expressed. The Council had failed to obtain popular support and backing for the draft Charter. Moreover, the manner in which the draft had been arrived at had left many aghast.

The Charter needed modernising, but the changes should be made by alteration to the 1955 Charter. The Council, on the other hand, had chosen to opt for a new Charter. In a question and answer document on the Society's website, it was said that amending the Charter would have required a 75 per cent approval from an SGM, whereas replac-

ing the Charter with a new Charter required no debate and no SGM. Where was the democracy in that?

The Society had engaged in a consultation exercise on the new Charter proposals, but it asked the wrong questions. He wanted to be asked, "Do you want a new Charter or should we amend the existing one?" Instead, he was being told, "This is the new Charter, the new draft. Does it in any way stop the Society doing anything it already does?" That question would not give answers that reflected the true feeling of the membership. Among changes in the draft were the inclusion of "other persons engaged in related activities" and "other persons in such categories as may be approved from time to time as members of the Society". He was gravely concerned that these inclusions could lead to a move away from pharmacy being seen as a graduate profession.

The draft Charter also described mechanisms for the disposal of the assets of the Society, the winding up or the dissolution of the Society, and transfer of assets to a body "with objectives deemed to be sufficiently similar to those of the Society." Was that the real reason why the current stated object of safeguarding the interests of the members in their exercise of the profession of pharmacy, an object in direct conflict with charitable status, was being dropped in the draft?

Despite being told that there had been no formal proposal to move to charitable status, the move to become a modern regulator implied, almost by default, that the Society would operate in accordance with the requirements of the Charity Commission. Reference to charitable status in the draft implied that this was an objective of the modernisation process. This was the nub of the problem with the proposed Charter. It was a means to move to charitable status and a move to a purely regulatory body. It could undermine the Society's ability to carry out its stated objects. It was undemocratic and had no support from the membership.

Dr GORDON APPELBE said that for about 20 years he had had a vision that the Society should revert to its status as a membership organisation. That was how it had been founded in the 19th century before having statutory duties grafted on to it in 1933. There were difficulties in reconciling the chartered objectives to further the interests of pharmacists with the statutory duties imposed as a quasi-arm of Government. He had always believed that the answer would be to split. That had never been considered by the Council in the modernisation debate. It had never gone to a formal meeting of Council.

He had no objection to having a stronger regulatory body but did not think it should be the Society. The Government should regulate the profession through a pharmacy board or, alternatively, the Council should take back and discuss the YPG concept and the concept of a complete split, which had never been debated. His vision was of a strong regulatory board, like the system in most of the Australian states, and a strong Society membership body, which

would represent all pharmacists, including employee pharmacists.

DAVID SHARPE (London) said that no one would disagree that the regulatory role was important, but professional representation was vital. The Council was elected to uphold the Charter, whatever it might say, and, at the moment, it was to represent pharmacists' interests as members of their profession. It appeared to him that the Council, through a combination of legal guidance and possibly Government pressure, proposed to fundamentally destroy the Society. It should not be bullied into this. If the Government wanted to destroy the Society it should fight, not roll over. It had 160 years of representing pharmacists behind it and it should ensure that it continued to represent pharmacists for the next 160 years.

TWO-BOARD MODEL

NICK WOOD then proposed the motion calling for abandonment of the current proposal in favour of a model with separate professional and regulatory boards. He would be told that this model would not be allowed. In fact, the meeting had already heard that there were no alternatives to current Council policy. To that, he said, "codswallop".

The Save Our Society campaign had taken leading legal advice and he could assure the meeting that the model was entirely possible. It had just never been properly considered. The regulatory board would have a substantial lay membership — perhaps nearly half, strengthening the Society's disciplinary and regulatory process in line with the recommendations of the Kennedy report.

The other board, for professional and membership matters, would be significantly pharmacist oriented and the Society's current assets would be broadly under its control. This board would be able to continue the work of the Society in maintaining the honour and promoting and safeguarding the interests of the members in the exercise of their profession of pharmacy. The Society's income would be clearly identified as regulatory or membership and would be applied to the appropriate board.

There was much detail to be worked out, but workable plans were available along with procedures as to how a twin-board structure would work and, crucially, how it would fulfil the Kennedy requirements while retaining the essence of a membership body.

NOEL WICKS, seconding the motion, said that a two-board model allowed the best of both worlds. It allowed the all-important lay input into areas that crucially needed it. It allowed the Society to give equal prominence to both roles.

There were perhaps those who would ask who would be in charge. Legal advice confirmed that a number of workable models were already available and in use and would probably be acceptable to the Government — models that would stand the tests of transparency, governance and accountability.

SUE CARTER (Sussex) said that she felt bewildered, angry and let down by the MSG proposals and the complete failure of

the Council and non-elected staff to heed the groundswell of concern from members. She felt let down by the way in which the powers that be had employed spin and propaganda. She urged members to send a loud and firm message to the Council that the silent majority were deeply unhappy that their trust had been broken.



Nick Wood: the Council has never properly considered the two-board model

Dr NICOLA GRAY (a recently re-elected member of Council) said that it was wrong to claim that the Council had not talked about a two-board structure. However, the issue was where a regulatory issue stopped being a professional issue and where a professional issue stopped being a regulatory issue. One example was continuing professional development, which had a huge regulatory part and also a huge professional representation part.

Dr Gray said that she got upset about the idea of keeping lay members off the professional representative parts of the Council. What was more powerful in taking pharmacy forward in things like prescribing — a pharmacist's voice saying how wonderful pharmacists are or somebody outside the profession saying how wonderful pharmacists are?

ANDREW BURR (Birmingham), another Council member, said that although he was a former YPG chairman he could not support the YPG proposal. What stuck in his throat was the matter of lay representation. If one could not convince a minority of lay members, then how could one convince the public?

GRAHAM PHILLIPS (Hertfordshire), in response to Dr Gray and Mr Burr, said that no one had spoken against lay representation. What was proposed was a regulatory board with a high percentage of lay representation and a professional representative board with adequate lay representation. In addition, there was nothing to stop the Society working with patient groups, patient advocates or whoever would be appropriate. Dr Gray and Mr Burr had missed the point.

SULTAN DAJANI (member of Council) said that the Council had briefly discussed the YPG proposal only because he had put it on Council members' seats during a coffee break. It had then been discussed for half an hour before being thrown out. With-

out the profession's support the Council could not move forward despite what the meeting had heard about having no choice. Another point was that the Government did not want to regulate: it wanted independent, arm's-length regulation.

Mr Dajani added that the Kennedy report included a model of two councils or two bodies working together. In Recommendation 39, it said: "The framework must consist of two over-arching organisations. These over-arching organisations must ensure that there is an integrated and co-ordinated approach to setting standards. . . . Issues of overlap and of gaps between the various bodies must be addressed and resolved." His two Council colleagues should start reading their paperwork.

DAVID EVANS (Suffolk) said that the Society should maintain the professional and regulatory roles together. In professions with a separate regulatory body, people tended to pay their regulation subscription and not their society subscription. One fear he had was that the Society would wither if it ended with a regulatory fee and a professional society fee.

SUBASH MEHTA (North London) said that doctors had a professionalism about them that the Government, health authorities, etc, respect. But pharmacy was not looked upon as a strong body by the Government. Pharmacists needed a strong body that would listen to them and not dictate to them.

MAURICE HICKEY (Moray and Banff) said that the proposed two-board model was a vast improvement on the Council's proposals. A one-board model with a principally regulatory function faced the risk that some future government might decide to take away the regulatory role. If the Society had no representative function, nothing would be left.

With the Council's proposal, there was a risk of pharmacy being modernised out of existence. With a pharmacist shortage, the big chains would like a technician dispensing in every shop, with maybe one pharmacist looking after several shops. He foresaw a minority of elected professional pharmacists on the Council being outnumbered by a combination of lay members, technicians and representatives of big business.

Mr Hickey said that he had attended several Society meetings at which the new proposal had been discussed. He would describe them loosely as consultation through not listening. Whenever there had been a vote it had been against Council policy — votes at the AGM, every vote at the branch representatives' meeting, every vote at every meeting he had gone to. Perhaps after this meeting the Society would get the message.

JAHN DAD KHAN (Rochdale), commenting on Dr Gray's reference to CPD, said that he worked as a Commission for Health Improvement reviewer. Surely it was in relation to such bodies that the profession needed a strong representative role. CHI did not know where to turn. It did not want to deal with a regulatory body but with an organisation that would promote pharmacists. The actual representative function was

increasingly important and needed to be strengthened. The Society had not been carrying it out well, although the regulatory role had, in comparison, been done well. What he wanted from the Society was strong representation — strong representation when he went to primary care trusts or to bodies like CHI and said, “This is what a pharmacist does.”

JOHN JOLLEY commended the motion because it would increase and improve representation on the Council. He came from the area of industrial pharmacy, which had been poorly represented on the Council. No one had really spoken on the industrial and scientific representation, probably because there had been a gradual diminution of all pharmacists working in this area. The recent census had shown that some 20 per cent of the Register had moved away, being either “non-active” or no longer working within what is regarded as the area of pharmacy. This was as a direct result of the measures taken by the Council. The motion allowed a representation that would give credence to all sectors of pharmacy and not just the majority sectors that have the loudest voice.

MIKE BURDEN (Leicester) said that it was insulting for members to suggest that the Council, its officers and modernisation steering group did not take account of what people said. His understanding was that experienced people were grappling with the issues. He was not convinced that the motion was any better than what was already there.

LEWIS PRIEST (Ealing) said that he could not agree with the motion because it could take the Society back to pre-1933 days. If the Society went ahead with it, in a short time the Department of Health would take over the regulatory function, leaving the Society with the professional function only. Since members had to pay an annual fee, that fee would go to the regulatory body. The Society would once again be dependent on the voluntary contributions of the membership, and that would be its death.

Mr Priest went on to say that he had been appalled to hear an admission from the President that the Department of Health was telling the Society what it could and could not do. For a free profession that was totally unacceptable. The Society had protected the public, served pharmacy and enhanced the honour of the profession for 160 years. He demanded that the Department be told that the Society was free to determine what was professional and where pharmacy should go.

CHRISTINE GLOVER, a member of Council and of the modernisation steering group, said that the Government wanted the Council — not a devolved regulatory arm — to be accountable. With that message, the Council had taken a pragmatic view that the proposed model was not sustainable or workable. If the Society put it in and it was sent back, the regulatory arm would be taken away to be subsumed into the Health Professions Council and the Society would not be self-regulating any more.

Regulation now encompassed almost everything that one thought of as profes-

sionalism. Education, CPD and revalidation were all covered by regulation and would be taken away if regulation moved. The Society would be left with little.

MARK KOZIOL said that the Kennedy report set out in black and white conditions under which two boards could happily co-exist. The members had been hearing threats for 499 days but needed to see some evidence because the facts did not support the threats. Indeed, independent legal advice taken by the SOS campaign did not support the view that the Society continuously espoused. So, let the new Council members sit down, roll up their sleeves and go back to the drawing board to come up with something that the members would support.

PETER HERMANN said that the fig leaf of public benefit was being used to misappropriate both the physical and intellectual assets of the members, contrary to the duty of the Council to safeguard the interests of pharmacists. No other professional body of note would ever contemplate having unqualified persons as active members. No other profession would designate non-members as key stakeholders. No other body would decrease the requirement to consult members and impose such fundamental changes. Few bodies would pursue a policy of excluding their own members from important posts within their society. Few bodies would give weight to non-members unless there was a statutory obligation to do so. The Society’s Council had reserved the right to ignore any opinions that did not coincide with its own proposals.

The result of this betrayal was simple. Pharmacies would be staffed by so-called members of the Society who were not pharmacists. If the Government sought to remove pharmacy’s right to self-regulation by primary legislation, so be it. But one could not condone the ultimate loss of the safety of the public by dispensing of their prescriptions by unqualified people.

MARTIN ASTBURY (Chester), a newly elected member of Council but not one of the SOS candidates, said that he had had a useful induction day as a new Council member. What had horrified him was that certain senior people at Lambeth considered that the Society was already just a regulatory body and that the members were just registrants. He certainly did not believe that. He believed that those present had to act now as members and support the motion to stop this from taking place.

One worry was that once again, despite the strength of feeling, the Council’s proposal would be railroaded through, even if the meeting carried the motion. He hoped that a number of Council members, and not just the SOS candidates, would be prepared to fight damn hard, to make sure, if the motion was passed, that they did something about it.

NICK WOOD, responding to the debate, said that Lewis Priest had been right to make the point that separation of the Society was to be avoided. The model’s intention was to prevent separation despite having two boards. Nicola Gray had asked where one role ended and the other started.

It was for the Council to work out the mechanics of that sort of thing, and that was the whole point of keeping it as a single Society to allow working across the boundaries between the regulation and practice areas. Obviously, there had to be co-operation at lower levels below the boards to get things straightforward. Andy Burr has misunderstood once again! Lay membership on the disciplinary and regulatory body was no problem at all — in fact, it would bring strength. Christine Glover’s remarks had already been answered by Sultan Djani, whose quote from the Kennedy report made it clear that alternatives could be used.

The PRESIDENT then put the motion to the vote. It was *carried* by an overwhelming majority.

The President suggested that, having had a lengthy initial discussion and a lengthy debate on Mr Wood’s motion, the meeting might wish to move straight to the first motion on the order paper, concerning the proportion of non-pharmacist members on the Council, rather than continue to go through the discussion points on the order paper.

MIKE BURDEN proposed that, in the light of the debate that had taken place and the motion just passed, the motion should lie on the table.

JOHN ILES seconded Mr Burden’s proposal.

The PRESIDENT put Mr Burden’s motion to the meeting and it was *carried*.

Answering a question, the President said that the motion would not be debated but, when the new Council met, it would take the motion into consideration in the light of the previous motion and indeed in the light of the debate that had taken place.

CHARTER OBJECT

MARK KOZIOL then put the motion concerned with retaining the Charter object of maintaining the honour and safeguarding and promoting members’ interests in their exercise of the profession. He said that the profession’s leadership had decided to proceed with a plan that would damage irreparably the Society’s membership role. No matter how many pharmacists or representative organisations disagreed with the Society’s position, they were simply labelled “a vociferous minority”. Members were alarmed by the conduct of the administration and its efforts to prevent the members from having a democratic say in the future of the profession.

The objects in the Society’s Charter were the essence of what the Society was all about. The Society’s powers, assets and resources could only be used to support the Charter objects. The object of maintaining the honour and safeguarding and promoting the interests of the members lay at the soul of the profession. Staggeringly, it had been proposed that this all-important object should be reclassified simply as a power, which meant that it became merely an optional activity. Not only that, it was suggested that this power be extended to others engaged in related activities, presumably to

non-pharmacists, and that this power might only be exercised in the public interest. The effect would be catastrophic. How could the Society promote the interests of pharmacists and others without huge conflicts emerging? Not even the pharmacy technicians wanted that. They just wanted the Society to regulate them, preferring their own membership



Mark Koziol: maintaining the honour and safeguarding and promoting the interests of the members lies at the soul of the profession

organisation to look after them and promote their interests.

The President, in another communications exercise, had recently said that the Society's had to state explicitly that it acted in the public interest, otherwise the nasty Government would overwrite the Charter. This view, however, was not supported by independent expert legal opinion. It was abundantly clear that the profession acted in the public interest. There was no need to write it into the Charter and the disadvantage of doing so was that at some stage in the future it could seriously inhibit the scope of the Society's activities.

There was no problem with the Council wanting to modernise the regulatory machinery, but it had to go back to the drawing board, use more imagination and replace the current proposal, which would destroy the membership role, with one that significantly improved it. It should not be allowed to unravel the most important object in the Charter.

ANTHONY COX, seconding the motion, said that the Society — the only body that represented all pharmacists throughout each branch of the profession — was at risk. It was essential that it continued to honour, promote and safeguard their interests. No one else could do that.

Dr GORDON APPELBE said that the published draft Charter had not been agreed by the Council, although there was a perception that it had. He supported the motion wholeheartedly. The Society did need a new Charter, but it had to be properly done, and done not only in the public interest but also in the interest of the membership.

Professor CLARE MACKIE said that she was present as a grassroots member although she was an elected member of the Scottish Executive. It was shocking to omit from a new Charter the object to maintain

the honour and safeguard and promote the interests of the profession. In recent years the Society had excelled in its regulatory function but fallen short in its professional body function. She was incensed by Dr Gray's comment about how lay members would improve the way in which the Society could operate as a professional body. Pharmacist prescribing has maintained much strength and support from lay people, but not because of anything done by the Society, which if anything had impeded progress in pharmacist prescribing.

MICHAEL McDONALD (Cardiff) asked whether leaving the clause in would prevent the Society from going for charitable status.

The PRESIDENT invited Mr Bulling to comment, but after cries of "No!" from the

floor, Mr Bulling returned to his seat.

The SECRETARY AND REGISTRAR, Ann Lewis, said that the Council had agreed that the draft Charter should be issued for consultation but had not approved it as a preferred draft. The draft was constructed in order that the objects were at the highest level and the clause referred to was included as a power. She did not know the answer to the question about whether the clause would prevent the Society from gaining charitable status.

GRAHAM PHILLIPS said that the same question had been asked at the AGM and the answer given, on expert advice, was that if the Society wanted to go for charitable status, then Object 3 had to go. If the Society went for charitable status, by implication and by default, it meant losing powers as a representative body. That was crystal clear.

ANDREW BURR said that dropping the object from the Charter would not get through the Council. The members had given a resounding message that they wanted the object to remain in the Charter. He asked the meeting to support the motion.

GERALD ALEXANDER, a member of Council, said that the Council did maintain the honour and promote and safeguard the interests of members in their exercise of the profession of pharmacy and would continue to do so. It was clear from the mood of the meeting that everybody wished that to be considered in the new draft Charter. It was not incompatible with the public interest.

MARK KOZIOL, summing up, said that the Council needed to put its house in order. He was alarmed by Council member after Council member explaining that the entire process had somehow managed to run outside of the building and be published as a formal Society document. What kind of message was that giving to the outside world and the Government? It beggared belief.

The PRESIDENT then put the motion to the meeting, and it was *carried* by an overwhelming margin.

CHARTER REFERENDUM

GAVIN MILLER (West London) proposed the motion calling for a referendum on any proposed new Charter. He said that the "Fit for the future" document entitled "Why do we need a new Charter?" referred to debate on reform having been monopolised by "a small but vocal minority whose views do not reflect the majority view". It also stated that an SGM would not reflect a sufficiently wide range of opinions. From such statements one had to conclude that the Society would not seek the views of the membership through an SGM or a referendum. But as it was worried about a so-called "vocal minority", a referendum was the only way for it to find the views of the so-called silent majority.

MIKE EMBREY, seconding the motion, said that the Council's view was that a referendum would be an inadequate and fairly meaningless method of establishing the level of support for a proposed new Charter. He strongly disagreed. The Council's previous consultations with members had merely been a political pretence to hide a predetermined endpoint. The only way for concerned members to secure that a new Charter would be acceptable was to pass the motion and direct the Council to meet its requirements. A new Charter should only be adopted if it could be shown to enjoy the broad support of members.

Dr GORDON APPELBE said that the motion caused him a little concern because consultation with the members should occur once the Council actually drafted a new Charter. Not all the expertise was in the Council, not all legal opinion was right, and it would be useful for the Council, once it had drafted its new Charter, to send it out for comment from the members. That did not mean that he disagreed with the motion, although he did wonder what question the referendum would ask.

HASSAN ARGOMANDKHAH said that the Council needed to go back to the drawing board, produce a draft Charter that it broadly supported, then seek the members' comments and then hold a referendum. That was the order.

The PRESIDENT then put the motion to the vote and it was *carried* unanimously.

CHARITABLE STATUS

GRAHAM HILL (Hull) moved the motion calling for a referendum of the membership before seeking charitable status for the Society. He said that similar motions had been carried unanimously at the AGM and BRM and it would be an important message to send back to the Council if the large group of members present at the SGM sent a message loud and clear to the Council about this issue.

PAUL MCGORRY (Hull) seconded the motion.

The PRESIDENT put the motion to the meeting and it was *carried*.