M I N U T E S

A Meeting of The Pharmaceutical Society of Northern Ireland was held at 7 pm on Thursday 7th April 2011 , in the Society House, 73 University Street, Belfast. BT7 1HL

Present
Ms A Bowen (President)
Mr M Nelson (Vice-President)
Mr P Kelly (Hon. Treasurer)
Mrs M Singleton
Mr R Anderson
Mrs R Tasker
Mr D Byrne
Dr L Byers
Prof J McElnay
Mr J Hamill
Mrs H Buchanan
Prof D Woolfson
Prof P McCarron
Ms M McCorry
Dr G Fleming

Apologies
Prof G Linden
Mr D Byrne

In Attendance
Mr T Patterson (Chief Executive)
Mr B Kerr (Registrar)
Ms C English (Clerical Officer)
Mr M Neale (Head of Public Affairs)

Public Attending
None

---

1. **Introduction and Welcome, Apologies.**

The President welcomed everyone to the meeting, nil public attendance was noted and apologies accepted.

2. **Minutes of the Previous Meeting of 24th February 2011**

- Matters of Accuracy
  The minutes were accepted as a true record.

- Adoption of Minutes

The minutes were proposed by Mr Kelly and seconded by Mrs Singleton

- Matters Arising - Action Points

  I. **Letter from Dr Terry Maguire regarding Supplementary Advice on Sale and Supply of Homeopathic Medicines in the pharmacy, dated 22nd February 2011. The Registrar had agreed to draft a response to Dr Maguire advising that his comments have been noted and are reflected in the outcome.** The Registrar confirmed that this had been actioned.

  II. **The Chief Executive proposed to create a business case exploring the viability of a voluntary register for technicians. Chief Executive to take legal advice and deliver a business case outlining the above to the next Council meeting.** The Chief Executive confirmed that advice had been taken and the outcome would be discussed in detail under his report.

  III. **The Registrar proposed the removal of the Overseas Registration due to a lack of legal justification and potential difficulties arising from monitoring this group of registrants. Registrar to remove overseas registration category.** The Registrar informed Council that all overseas registrants have been issued a letter confirming that the facility will no longer be in effect as from the 1st of June 2011.

3. Tabling of Any Other Business

The President advised that Helena Buchanan would be discussing a report under any other business, and added that there would also be a discussion concerning the pre-reg facilitator post.

4. Correspondence

I. Letter: CHRE Proposals for calculating the statutory levy, 11th March 2011 & Proposal: CHRE Proposals for calculating the statutory levy, 11th March 2011

The Chief Executive informed Council that there was no minimum payment proposed by CHRE so far which was in line with their previously expressed view. The options outlined are as follows:

- Charge per registrant e.g. £2.50 per person incurring an estimated £4200
- Charge as proportion of income per registrants, incurring an estimated £9400
- An aggregation of the above methods, and the resulting figure averaged to £6800.

The Chief Executive suggested that the Society opt for the option that costs the least and is easily explicable to registrants.

Mr Anderson advised that the levy should be fair and even across all regulators, and expressed concerns about logistics of informing registrants, and the costs involved in imposing the levy. It was agreed that the process must be transparent.

The Registrar stressed the importance of uniformity, there was a discussion with the President about the issue of explicitly advising registrants of this levy and not for others, e.g. that of the Commonwealth Pharmacy Association. The President made a distinction between the two in that the CHRE levy would be mandatory.

Key Decision: Council were in favour of the CHRE Levy per registrant, option 1.

Action Point: The Chief Executive to respond to CHRE.

II. HSSPS: NI Committee for Postgraduate Pharmaceutical Education and Training. 15th March 2011

There was a discussion about potential nominations, Ms Bowen I proposed and Mrs Tasker seconded that Dr Byers take up the role. Council agreed.

Action Point: The Chief Executive to write to HSSPS confirming this nomination.

Proposer: Ms Bowen
Seconder: Mrs Tasker

Prof McElnay enquired about how effective the NICPET role was in feeding back to Council on issues. Mrs Tasker advised that it is becoming effective and that it is currently relayed first through the Education Committee and subsequently reported to Council and vice versa.

The Registrar requested that Council members be cautious that they not acting as representatives at committee meetings, as their role is to participate in a stand alone discussion.

III. HSSPS: Confidence in Care Programme - Consultation on the Pharmacy Order 1976. 15th March 2011

The President stated that she is of the opinion that a response from the Society is not appropriate, and that input from registrants would be recommended.

Mr Neale advised Council that an email had been distributed advising registrants of the contents of last weeks meeting, adding that the issue is to be discussed at the next Professional Forum meeting. Mr Neale also supported gaining feedback from individual registrants.

Council agreed that no response should be sent from Council but individual groups, such as the Statutory Committee or Professional Forum could respond in their own right

IV. MHRA Reclassification Unit: Consultation Document: ARM 74 CRAMPEX TABLETS. 21st March 2011

Mrs Singleton advised that this letter would be covered under the LSP Committee Minutes.

V. Western Health and Social Care Trust: Registration of Technicians. 6th April 2011

The Chief Executive advised that this letter will be covered under his report.

The Registrar commented that the Directors of Pharmacy and Medicines Management at the Trusts were of the opinion that the Pharmaceutical Society are in opposition to the creation of the technicians register and proposed that a meeting between both parties to clarify that we are in support.

5. A report on '*Assessing risks associated with contemporary pharmacy practice in Northern Ireland'* presented by Michelle McCorry

Ms McCorry discussed the contents of the previously distributed report, and advised Council of the following recommendations made by the authors:

That the PSNI:

I. Consider the prioritisation of registrants in patient-facing roles and those returning from a career break or changing sectors* in risk-based revalidation and the provision of support measures
II. Consider the incorporation of registrant's work environments into risk-based revalidation processes, with a view especially to the monitoring of workload and resourcing
III. Promote the development of guidelines and signpost* training and development resources, for registrants returning to practice or changing sectors and for their employers
IV. Consider developing the current CPD scheme aligning it to explicit standards of practice
V. Consider the use of either a CPD-only scheme, a CPD-plus-assessment scheme, or elements from either scheme, in the design of a risk-based revalidation process.

*Please note that text appearing in red indicates additional text which has been added to alter the final recommendations put forward by Manchester University in their report.

Ms McCorry asked Council to consider the following:

I. Suggest the Regulator progresses recommendations 1, 3, 4 and 5 and that we invite the Professional Forum to progress recommendation 2
II. In relation to recommendation 5 the Regulator should look at CPD-only with the opportunity for further assessment when the registrant does not meet standard
III. Invite a public consultation (of registrants and public) on views of the recommendations cited above.
IV. Contact Manchester University asking them to suggest what further research is needed to progress each of the recommendations.

The President agreed that it was reasonable that this piece of work should go to the Professional Forum as it does not come under the revalidation category.

The President commented that the piece of work produced by Manchester University is markedly different to what was originally expected and made reference to a Red, Green and Amber system of risk analysis. Prof Woolfson agreed and went on to explain that section 1 and 3 are the same in content, one is a following on from the other and ambiguity exists in section regarding 'practice' it is not clear how this is to be interpreted e.g. in academia. In total Prof Woolfson was of the opinion that the document revealed little that wasn't already known.

Mr Anderson commented that there is significant debate concerning the future of revalidation. Dr Byers agreed adding that the process has been successful in revealing the lack of support mechanism for those returning to practice.

Mrs Tasker concurred, adding that the original proposal concentrated on peer review and appraisals, this appeared lighter and more proportionate. Ms

McCorry advised Council that it was decided that the current CPD model is more cost effective than the original proposed methods.

Mr Anderson emphasised that the process must be risk focused and that patient-facing pharmacists should be regarded as high risk. He went on to postulate a system where individuals who are of further risk, i.e. fitness to practise cases are 'picked out' and sampled. The Registrar expressed concern about 'singling' out pharmacists that have already undergone a process such as fitness to practise...

Mrs Buchanan advised that guidance or a checklist would have been useful to pharmacists undergoing the process and enquired whether feedback is being received and utilised. Ms McCorry confirmed that the standards being developed will reflect this.

Prof Woolfson asked for details of the evidence base for suggestion 5, if any, and how robust it is. This sentiment was echoed by Dr. Fleming who agreed about the importance of the process for patient-facing pharmacists but who expressed concern that individuals in differing contexts were not being taken into account.

The Chief Executive commented on the position of the previous government on the subject, stating that the mandate was that all Healthcare Professionals are to undergo revalidation, whereas the position of the new government is that not all are to undergo the process, a broad rule must be developed. It is clear from the outset that patient facing pharmacists are a priority, however it may be possible to cluster together certain roles into a workable framework and create revalidation bands in accordance with competencies. Various questions remain, including how to define patient facing roles, how to cluster and how to build the framework. There was a suggestion that non patient facing roles could be self-certified. It was agreed that more research is

necessary and that feedback from registrants and the public will be useful in determining the next steps.

The Chief Executive discussed how after consultation the revalidation process was not being progressed by the GMC. Mr Neale gave a similar example of feedback relating to the General Optical Council.

Ms McCorry advised that a complete de-brief from Manchester University is to be undertaken and a further report would be brought to a future Council meeting.

ACTION POINT – A report to be brought to a future Council meeting suggesting next steps in revalidation – M McCorry

5. Staff Reports

i. **Chief Executive's Report**

White Paper Work

The Chief Executive updated Council last Confidence in Care meeting was on 28TH March 2011 – This meeting focused entirely on the proposed consultation events which will be jointly run in Belfast and Omagh.

Council were reminded that there was no feedback provided to the constitution paper discussed at the last Council meeting, the Chief Executive advised that he had made the Department aware that we have no additional comments at present and requested that they forward transition arrangements.

Key engagements since the last meeting

Meeting with Gerard Greene PCC

The Chief Executive updated Council about a brief meeting with Gerard regarding progress with respect to the Pharmacy Contract and new Legislation.

GPhC meeting with Duncan Rudkin

Motion to Council: Council are asked to discuss content of appendix 1 and agree document to take forward to GPhC for development.

The Chief Executive drew attention to the options available around accreditation as an example of the supporting documentation that would flow from this high level document:

- Keep accreditation in Northern Ireland using the Pharmaceutical Society NI only and have mutual recognition with GPhC
- Have no direct accreditation input here and put in place a quality assurance system with GPhC
- Have observer status only on accreditation panels

The Chief Executive emphasised the importance of satisfying CHRE requirements and minimising costs, and suggested that instead of agreeing to 'joint' costs that this is changed to 'additional' costs as shown on the comments box of the document.

Prof McCarron commented that he is of the opinion that GPHC are reluctant to relinquish control of the NI accreditation at present, but in doing so they will continue to bear significant costs. Prof Woolfson gave support and

recommended that it is not reasonable to have two organisations performing the same job.

Mr Anderson supported the document as reasonable, but commented that the details may prove more problematic.

Key Decision: All agreed for document to be taken forward to GPhC for development.

Proposer: Mr Anderson with the condition of acceptance of the Chief Executives amendments to costing.
Seconder: Prof D Woolfson

Action Point: The Chief Executive to take forward document and propose amendment.

Department of Health in London

The Chief Executive discussed the recent supervision meeting with reference to appendix 2 in the CE report, adding that this is a positive recognition of the Societies dual function, and identified two phases in the proposed plan:

Phase One

- Address the need to maintain patient safety and safeguard the public;
- Take into account the implementation in the different health systems in the UK;
- Identify and verify evidence of issues in implementation;
- Gather evidence of effective use of the regulations using a robust and reliable methodology;

- Ensure the review takes into account the issues in different setting e.g. hospital and community, urban and rural etc and the views of the General Pharmaceutical Council;

Phase two

When the evidence gathering is completed, the Group will analyse the findings and in particular:

- Identify and put forward proposals to address issues arising from the evidence including training needs, links to regulatory standards, issues for other professions;

- Identify how the leadership of the profession can best support implementation – for example, in relation to such matters as guidance and model standard operating procedures;

- Recommend action to improve practise within the framework of the policy intention.

There was a discussion about the direction of the research and funding. The Chief Executive advised that the RPS seems to be interested in improving conditions and developing sound guidance as a service to their membership but was keen that it captured the whole of the UK. In relation to funding it had been suggested that we pick up the reasonable additional costs associated with NI activity, likely to be a maximum of a couple of thousand pounds. It was also suggested that analysis of the Scottish model could prove useful in anticipating the direction of travel in the process.

<u>CHRE performance review meeting</u>

The Chief Executive advised that the CHRE Performance Review was a very positive meeting explaining that whilst we have to wait for the final draft report, Council are asked to acknowledge the extensive work put in by the staff team to conclude our response, led by Richard Price. Council agreed and congratulated the team on their efforts.

Marc Seale and Anna Van Der Gagg of?the Health Professions? Council (HPC)

The Chief Executive advised Council that the Health Professions Council have been awarded the statutory register for Traditional Chinese Medicine (TCM) and sought an exploratory meeting to determine what interest we would have in partnering with them on its development and establishment.

The Chief Executive advised the representatives that on a preliminary basis that Council, in its response to the consultation expressed no interest in hosting the register and agreed that HPC should host it.

Motion to Council: Council are asked to determine whether they would like to further explore opportunities around the TCM register and if so on what basis.

Key Decision: The President recommended that Council take no involvement in this issue beyond providing access to expertise to aid the HPC informally. All agreed

Voluntary Register of Technicians – Action Point from previous meeting

Council were reminded of the agreement made for the Chief Executive to obtain legal advice on creating a voluntary register of technicians. The result of which concluded that it was not advisable to proceed, due to the absence of explicit inclusion of a 'voluntary' register in the legislation.

The Chief Executive proposed that the next step should be to obtain advice from a specialist barrister to confirm this.

Mr Neale gave statistical information about the number of practising technicians in Northern Ireland and their qualifications:

- 334 Technicians in Community
- 470 in total according to NPLOD
- 102 have undergone a BTEC qualification
- 159 have undergone an NVQ level 3.

The Chief Executive explored the option of creating a list of individuals working as technicians instead of a register. Concerns were raised about what powers the Society would have in this case. It was noted that various other regulators have lists, from with individuals can be removed, they cannot however remove their right to work. The Chief Executive advised that this system could be akin to a membership of a professional body, adding that the procedure have the support of CHRE.

Dr Fleming commented that membership could be a prerequisite in the terms of employment for technicians.

The Registrar noted that a list or register only has real value if it is captured in a statutory framework adding that there is no benefit to the public if there is no legal framework

The President urged caution on how this could potentially damage the authority of the Society. Mrs Tasker noted that the creation of a list could give Pharmacists a false sense of security.

Key Decision: Council agreed that the next step would be gain further legal advice on the subject.

Action – The Chief Executive to seek Legal Counsel advice and revert to Council with proposed next steps

ii. **Head of Public Affairs Report**

Mr Neale updated Council on the following political issues:

- Jim Shannon MP (Strangford) who is the only NI member of the Health and Social Care Bill Scrutiny Committee has raised the issue of amending the Section 60 Order legislation. Unfortunately the Westminster Government appears opposed to the change although there is a suggestion that the NI Minister of Health has given his approval.
- The Public consultation on our new legislation was launched on the 16 March and the consultation will now run until 22 June. In conjunction with the DHSSPS, the Society will be facilitating two information evenings on Monday 11 April (Belfast) and Thursday 14 April (Omagh).
- Currently the Assembly is now in recess prior to the Election on 5 May.

In relation to the media Mr Neale advised Council that there has been has been Delete little press activity relating to pharmacy however we still engage with the pharmacy press over various issues, including the current consultation and the launch of the Professional Forum

Mr Neale continued by adding that the Society have been asked to endorse a Government Cross Border initiative seeking to combat obesity, "Stop the Spread" as this is a more professional body activity rather than a regulatory activity, the endorsement will be coming from the Professional Forum.

Mr Neale updated Council About the following meetings recently attended:

- CHRE Edinburgh Conference 18 March 2011
- Initial Meeting of the CHRE – Facilitated Public Patient Learning 21 March 2011
- The Inaugural Meeting of the Professional Forum Board 24 March 2011
- UK Regulators Communications Manager Meeting 30-31 March 2011

Mr Neale noted that many of the issues affecting the Society may change as a new health minister will be appointed post the May 5th Election. He went on to discuss the issues of devolution and current activity of the NMC who have

appointed a new director for Northern Ireland and Scotland and the GMC who are extending their activities in further English regions.

In the context of UK and EIRE Communications Manager's Meeting, Mr Neale discussed the need to develop a method of conveying Fitness to Practise learning outcomes to the public, and emphasised that the Society is still to consider the utilisation of social networking facilities.

Mr Anderson enquired about the potential difficulties the Society is likely to experience if the new Health Minister is not amenable to changing section 60. Mr Neale replied that this greatly depends on who is elected.

iii. **Registrar's Report**

The Registrar advised Council that the CHRE Fitness to Practise Audit report is in the public domain.

The Registrar gave a summary of the recommendations given by CHRE and drew attention to p58 of the document highlighting a section under guidance on referrals to the Scrutiny Committee. CHRE have advised that in complaint cases where the patient withdraws consent, the Society must still find ways to progress the complaint. The Registrar expressed concern about this recommendation, as it is not clear how this is to be achieved.

The Registrar added a report on a meeting on Workforce Development held by the Workforce Development Institute for England and to which he had been invited to attend.

Workforce risks and opportunities:

- Changing role of Pharmacy
- Workforce data

- How long and engagement
- Changes to the role inc Independent & Supplementary Prescribing
- Evidence base behind the progressions

Independent Prescribers:

- The need for research, difficulty finding funding in current climate
- Drugs bill –for the next 10 years
- Value for money
- Investment in infrastructure
- Evidence based practice
- How to reduce costs – possible use of robotics, EU already using

The Chief Executive advised that the Fitness to Practise audit report was a highly successful result for the Society especially when compared with other regulators and asked Council to recognise the hard work and effort put in to achieving this outcome.

6. Report from Committee Meetings

i. Education Committee minutes from meeting 9th March 2011

Mrs Tasker updated Council on recent changes to the Pre-Reg. programme, and noted that the Fitness to Practise day and Complaints handling course had been reinstated.

Mrs Tasker discussed the recent Individual Trainee issues and their outcomes.

Mrs Tasker gave a brief summary of the CPD outcomes, highlighting the following points:

- 85% submitted their portfolios online
- Reassessment of 08/09 Option 4's
- Quality Assurance options paper
- Revalidation

Mrs Tasker asked Council for feedback about the number of cycles required for submission, and advised that at the meeting it was generally agreed that this shouldn't differ significantly from the GPhC.

There was a discussion about a possible minimum requirement and how this would be calculated. Prof Woolfson enquired about the evidence base for the exercise, and emphasised quality over quantity. Dr. Fleming expressed concerns about a minimum requirement and stressed that the process must be professionally driven.

The Chief Executive emphasised that CPD represents a sample of development, not entire development, and recommended that because the pass mark is 70% of cycles submitted meeting the standard, submitting a higher number of cycles will increase chance of a better mark if one or two of the cycles doesn't do well.

Several Council members expressed favour for a more flexible self guided process.
Mrs Tasker updated Council on the following consultations:

<u>DHSSPS Consultation on the Review of Development needs of Pharmaceutical Staff in Hospital Practice</u>
Mrs Tasker advised that this document gives recommendations for a greater level of training for technicians and the development of structures to enable? pharmacists to progress.

Mrs Tasker commented that there appears to be a tendency with the DHSSPS of favouring hospital pharmacy development over community.

Mr Anderson expressed concerns about what this development could mean for employment opportunities, and stressed that the profession must be considered as a whole.

Modernising Pharmacy Careers

Mrs Tasker requested that if possible could a decision be made by the Council in isolation from the academic perspective.

Prof Woolfson stressed that the position of the Society as a regulator is a relatively inconsequential one, when the wider impact of this decision is considered on universities, employers and students.

Professor Woolfson agreed that the Professional Forum input was relevant and agreed that they also be invited to attend the NI meeting proposed for 6th May 2011

Concerns were raised that this proposal is aimed at addressing issues that exist in England, issues which do not effect Northern Ireland or Scotland.

The following concerns were raised:

- The future of pre-registration
- Reduced movement of students
- Impact on social mobility
- Costs involved
- Extra pressure placed on already struggling universities
- Indemnity Insurance

- Tutor responsibility
- The supply and demand balance
- Change in student tutor relationship
- European context
- Contractual obligations, liability and working with contractors

After a detailed discussion Council agreed that the issue would be better addressed after the joint NI meeting to be hosted by Professor Woolfson with a view to agreeing a NI response if possible. All agreed to discuss the consultation at the next Council.

Minutes proposed by Mrs Tasker
Seconded by Mr Anderson

Action point – Julie Greenfield to be informed of meeting at QUB on 6th May and that two members of the Professional Forum Board should be invited to attend. – Chrisanne English

ii. Finance and House minutes from meeting of 17th January 2011

Mr Kelly advised that all payments in February were approved and if there are any questions please direct them to the President.

Minutes proposed: The President
Seconded: Prof McElnay

iii. Legislation, Standards and Practice Committee Minutes –verbal update on Meeting held on April 6th 2011

Mrs Singleton advised Council after receiving survey feedback that Pharmacists wanted more guidance on certain issues, the Committee have been updating the Code of Ethics, Patient Consent and MDS guidance.

Mrs Singleton updated Council on the following consultations discussed at the Committee:

- GMC: Review Of Good Medical Practice – Response date 8th April 2011
- MHRA Arm: Crampex Tablets From P To GSL- Response date 13th April 2011
- DHSSPS Quality 2020 –Response Date 15th April 2011
- DHSSPS Tobacco Control Strategy For Northern Ireland- Response date 22nd April 2011
- DHSSPS New Strategic Direction On Drugs And Alcohol- Response date 31st May 2011

Mrs Singleton advised of an amendment to the Misuse of Drugs Legislation and a recent change to Herbal legislation.

8. Recent and Coming Events

GMC Inter-regulatory revalidation meeting on 19th April 2011 - Ms McCorry and Mr Patterson attending

PGEU Conference in Prague on10th May 2011, Mr Anderson attending

10. Any Other Business

See note below

11. Date of Next Meeting – May 19th 2011

CONFIDENTIAL

The Registrar, Chief Executive and Clerical Officer left the meeting at 9.50pm in order that a confidential staff related matter could be discussed.