Pharmaceutical Society NI

Protecting Registering Regulating

# Corporate Governance Handbook 2021

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# 1. Introduction

## 1.1. Governance

By virtue of its integrated regulatory and professional roles, the Pharmaceutical Society NI performs functions of a public nature and is, therefore, accountable directly to the public for regulation and to its membership via a Pharmacy Forum for delivery of Professional Leadership.

Functions are derived from the Pharmacy (Northern Ireland) Order 1976 and the Pharmacy Amendment NI Order 2012 which states:

"The Objectives of the Society shall be:

(a) to advance chemistry and pharmacy;
(b) to promote pharmaceutical education and the application of pharmaceutical knowledge;
(c) to maintain the honour and safeguard and promote the interest of the members of the Society and in their exercise of the profession of pharmacy;
(d) to execute all such functions as may be entrusted to the Society under any enactment;
(e) to provide relief for distressed persons, being:
    (i) members of the Society;
    (ii) persons who at any time have been members of the Society or have been registered as either pharmaceutical chemists, or chemists and druggists, or druggists or apprentices or pharmaceutical chemists, or as students of the Society; or
    (iii) widows, orphans or dependants of deceased persons who were at any time members of the Society or registered as aforesaid."

The UK Government has established an advisory body in the form of the Council for Healthcare Regulatory Excellence (CHRE). The Bill establishing the CHRE also makes this organisation accountable via CHRE to the Westminster Parliament for the exercise of its regulatory functions as well as retaining primary accountability to the local Assembly. CHRE changed its name in 2013 to the Professional Standards Authority (PSA).

In addition to the principles espoused by the various reports on corporate governance, one of the key recommendations of the Nolan Committee on Standards in Public Life ("Nolan Principles") was the need for organisations to focus on achieving good governance in order to be effective in the future. This organisation has recognised the need to monitor developments in corporate governance and standards in public life to ensure that Council keeps abreast of current good practice and can revise its procedures to take account of developments.

## 2. Roles and Accountabilities

### 2.1. The Role of Council

A clear distinction has been drawn between the roles of Council, its committees and staff. Council focuses on strategic development and major policy issues (i.e. decisions on major new actions to achieve strategic objectives), while Council Committees concentrate on oversight, audit, provision of support and advice to the Senior Management Team and on exercising delegated authority for some statutory and regulatory roles.

In keeping with the requirement in Trust Assurance and Safety that the functions of leadership and regulation are separate, there is one Council Committee that is governed by a Scheme of Delegation - the Pharmacy Forum Management Board ("PFMB"). Any reference to Council Committees within the Scheme of Delegation excludes the PFMB unless it is specifically named. The PFMB has its own governance arrangements, the minimum requirements for which are set out in the Scheme of Delegation.

The Chief Executive is accountable to Council for ensuring policy implementation by staff through a Scheme of Delegation. Members of staff will be given delegated authority to implement policies on the understanding that proposed actions need only be referred back if the staff member has doubt about their implementation or if they fall outside agreed policy.

The Pharmacy (Northern Ireland) Order 1976 states that: "The Council may on behalf and for the benefit of the Society -

(a) direct and manage the business and affairs of the Society, and exercise all such powers of the Society as are not by this Order required to be exercised by the Society in general meeting, in accordance with and subject to approved byelaws made by the Council;

(b) control and manage the property and funds of the Society and invest and apply the same in such manner as the Council may determine, subject to such general or special directions (if any) as may be contained in approved byelaws made by the Council with respect to the control and management of such property and funds;

(c) regulate the functions of the secretary, treasurer, clerks and other subordinate officers and their terms and conditions of service;

(d) employ and pay such auditors, accountants and other advisers as the Council may think fit."

Thereby, Council is responsible for the following functions and all individual Council members share collective responsibility for discharging these functions:

i) lead strategic development and policy, both new initiatives and reaction to external developments, informed by the views of the public, the registrants and other stakeholders;

ii) ensure the proper exercise of regulatory and law enforcement duties;

iii) set priorities for workload, expenditure and income generation;

iv) monitor the implementation of policies, activities of committees, efficiency and effectiveness of the organisation and policy evaluation;

v) appoint Trustees for the Society's trusts/funds, where appropriate;

vi) maintain good relations with the public, registrants and other professions;

vii) represent the profession's policies and views to government departments and decision-makers (covered by the Scheme of Delegation to PFMB);

viii) decide upon the supporting structures that are required for Council and the extent to which responsibility should be delegated to them;

ix) ensure adequate systems of appointment, appraisal, remuneration and discipline of staff; and

x) ensure high standards of corporate governance including financial performance and personal behaviour.

### 2.1.1. Responsibilities of Individual Council Members

The powers and responsibilities of Council are exercised jointly by its members, each of whom has statutory and fiduciary duties in discharging the responsibilities listed above and each of whom is required to pursue the best interests of the organisation. Council members are jointly responsible for a decision even if they have voted against it, abstained from voting or were absent when voting occurred. It follows that all Council members are bound by a decision of Council made in good faith (whether a unanimous or majority decision) and may not obstruct the execution of that decision.

Council members are asked to represent the organisation on working parties and in ad hoc meetings with government departments, stakeholders and other regulatory bodies.

The normal commitment of Council members will be in the region of an average of 12 – 16 meetings annually, equivalent to approximately 6-8 full working days but this can increase if they become involved in more

meetings additional to the Council and Committee meetings. There is no obligation on the organisation to offer a minimum level of activity. Time must also be spent in studying the background papers for meetings.

Council members undertake to adhere to published standards of behaviour and to make regular attendances at meetings of Council and its Committees. Provision for the appointment, suspension and removal of Council members is contained in the Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 and associated Regulations.

### 2.1.2. Constitution of Council

Council is constituted of 7 registrant and 7 lay members including a President and Vice-President appointed by the Department of Health.

### 2.1.3. Tenure of office

Terms of Office are provided for in the Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 and associated Regulations.

### 2.1.4. Constitution of Council and Election of Officers

## 2.2. The role of Council committees

### 2.2.1. Standing Committees of Council

The standing committees of Council are:

- Audit & Risk Committee – see Terms of Reference at Appendix H
- Finance & Performance Committee – see Terms of Reference at Appendix I
- Remuneration Committee – see Terms of Reference at Appendix J

### 2.2.2. Other Committees that support or carry out the functions of Council at arm's length

**The Pharmacy Forum Management Board** – recognising the requirements of "Trust Assurance and Safety", Council has established the Pharmacy Forum Management Board to whom professional leadership activity is delegated through a Scheme of Delegation – See Appendix S.

**The Statutory Committee and Scrutiny Committee** – See the Statutory and Scrutiny Committees Regulation 2012 at Appendix Y.

## 2.3. The Role of the Officers

The Officers are the President and Vice President. The collective duties of the Officers are:

(a) to provide leadership to Council;

(b) to provide high level oversight to the work of the Senior Management Team;

(c) to meet prior to each Council Meeting with the Chief Executive, if required;

(d) to support the activities of the Chief Executive; and

(e) to appoint the members of Council committees and sub-committees.

### 2.3.1. The Role of President

The President provides effective leadership of Council and promotes Council's agreed strategy and policies for the regulator in the public arena and provides line management to the Chief Executive on behalf of Council.

### 2.3.2. The Role of Vice President

The Vice President deputises for the President in his/her absence. In addition, s/he should support the President in all his/her functions with continuing emphasis on monitoring the overall effectiveness of the organisation and, in particular, Council committees.

## 2.4. The Role of Committee Chairs

Together with the secretary to the Committee or lead member of staff, the Chair is responsible for the preparation for meetings and for monitoring the implementation of decisions. However, the conduct of the meeting itself should be the sole responsibility of the Chair (see Section 5.9 on Conduct of Committee Meetings). Appendix F sets out the specific duties of the Chair.

## Generic Role Profiles

Generic role profiles for Council members, Council members as Committee Chairs, Council members as Committee members and Council members as Officers are attached at Appendix F. Section 3 of info pack – generic role profiles – ensure they are the same

## 3. Induction and Development

An induction programme for new Council members is held as soon as possible after appointment. The programme gives new members the opportunity to find out more about the organisation and their role within it and to meet with Council members and senior staff. It is a requirement that new Council members attend the session. New Council members are given copies of:

(a) Council byelaws;

(b) The 1976 Pharmacy Northern Ireland Order, associated Regulations and amendments; and

(c) The Corporate Governance Handbook.

Committee Chairs should brief new members on their committee's work of the previous year.

It is advised that Committee Chairs formally meet annually with their members to discuss the performance of the committee. This should be documented and a record held centrally.

Within the constraints of their workload, members of staff will be happy to meet with individual members of Council informally to discuss aspects of the organisation's work.

## 4. Council meetings

### 4.1. Programme

Council normally meets every six to eight weeks on a Tuesday. Council meetings commence at 09:30 and normally last for a period of approximately four hours.

It may also be necessary to hold additional special meetings when a topic of importance develops that cannot be fitted into the Council Agenda.

At a meeting of Council, the President or, in his/her absence, the Vice-President shall act as Chair and, if both the President and Vice-President are absent, one of the members of Council present shall be elected Chair by the majority present as set out in the Regulations.

At all meetings of Council, the motions considered shall be decided by a majority and the Chair shall, in the event of a split decision, have a casting vote.

The quorum for a meeting of the Council shall be eight or be in accordance with any legislative provision.

### 4.2. Remote Attendance at Meetings

Members may attend meetings in person, via conference call or by other remote means. Members so attending shall be deemed to be present at the meeting and shall count towards quorum and, where required, shall be entitled to vote on any motion.

### 4.3. Council E-Papers

Council, at its meeting on 10 March 2020, agreed that matters of urgency could be addressed by electronic means during the declared COVID-19 pandemic. The procedures employed for remote transactions of business that need to be addressed are set out below.

Urgent Decisions of Council (required in less than 2 days)

In circumstances where the PSNI Executive Team requires urgent decisions of Council, the President and Vice-President may, with Council approval having been given, and in compliance with current governance arrangements, make decisions. In such a case the details of the decision made on Council's behalf will be shared with all Council members by email as quickly as possible. If a longer timeframe for a decision is possible, then all Council members will be canvassed for their approval.

Non-urgent but Time-critical Decisions of Council (required in less than 1 working week)

Where decisions of Council are Non-urgent but are needed within a period of less than 1 working week, a Council E-paper will be issued to all members by email setting out the issue to be considered and proposals requiring approval. Members will be invited to consider the information provided and send any comments or questions they may have within 24 hours to the President, Vice-President, CEO and Executive Assistant. Responses to any questions raised by Members will, where possible in the constrained timeframe, be made (copied to all members) within the following 24 hours. This process provides relevant information to Council, responses to questions and comments as far as is possible in the circumstances, and a formal decision by Council within a 3-day timeframe. In all cases, for a proposal to be approved, a minimum of 8 votes in favour (including Nil responses) will be required for approval.

Non-urgent Decisions of Council (required in more than 3 working days)

Where Decisions of Council are needed, and a timeframe of more than 3 working days, a Council E-paper will be issued to all members by email setting out the issue(s) to be considered and proposals requiring approval. Members will be invited to consider the information provided and send any comments or questions they may have within 72 hours to the President, Vice-President, CEO and Executive Assistant. Responses to questions will be made (copied to all members) within the following 48 hours. This process provides relevant information to Council, responses to questions, amendments arising from comments, and a formal decision by Council within a one-week timeframe. Where timescales can be lengthened in these cases, this will be highlighted in the first email. In all cases, for a proposal to be approved, a minimum of 8 votes in favour (including NIL responses counting as consent) will be required.

## 5. Conduct of Council and Committee meetings

See also Appendix A - Standing Orders of the Council of the Pharmaceutical Society NI.

### 5.1. Operational Objectives and Processes

In conducting its business, Council should take cognisance of the organisation's operational objectives and processes which are as follows:

To regulate the practice of pharmacy in the public interest, by:

a) ensuring compliance with all legislative requirements;

b) meeting the standards set down by the Professional Standards Authority around Registration, Education, Fitness to Practise and Standards:

   (i) ensuring the development and publication of appropriate Standards;

   (ii) ensuring adequate measures are in place to deliver Fitness to Practise procedures;

   (iii) overseeing the assurance of the quality of pharmacy education and training;

   (iv) overseeing the maintenance of a publicly accessible Register which permits only those qualified to enter and access Fitness to Practise history;

   (v) ensuring the publication of information on performance in the areas above, thereby instilling public confidence in the profession of pharmacy;

   (vi) overseeing the management of resources to deliver the above; and

   (vii) through a Scheme of Delegation, ensuring that professional leadership is delivered in the public interest.

## 5.2. Strategic Planning

A strategic plan is produced and maintained by Council and supporting annual financial and activity plans are produced by staff, considered and, when approved by the Finance & Performance Committee, recommended to Council for approval. The financial plans must be approved each year in time to allow a fees consultation whether or not the plans recommend a change in fees. Normally, approval for the plan relating to the business year of 01 June to 31 May of the following year should be obtained by November each year.

Plans for the overall work of the organisation, and for each Council committee, should be clearly linked to Council's strategic objectives and financial resources should be apportioned to meet these identified objectives.

## 5.3. Preparation of policy papers

An impetus for policy development may arise from a range of sources within and beyond the organisation. The Chief Executive acts as a focal point within the organisation to oversee the development of information relevant to policy and to ensure proposals for policy work are put to Council via a committee, where relevant. Information relevant to policy development identified by committees or groups will be absorbed into ongoing work, where appropriate, or be considered when new policy work can be taken on.

## 5.4. Arrangements for agendas, papers & minutes

The Agenda and Minutes of Council and Council committees will be sent to members approximately 7 days prior to meetings to allow their proper consideration. With regard to committee meetings, supporting papers will be made available on request to members of Council not on the committee.

Council members may raise issues arising from Committee Minutes with the Committee Chair prior to Council meeting.

## 5.5. Preparation for Committee Meetings

Most of the work associated with collating items that might be included on agenda and preparing background documentation is the responsibility of the Committee Chair, supported by the administration team and lead member of staff (the Chief Executive/executive assistant in the case of Council).

The Chair, and any Committee members who wish to do so, should submit items to the relevant administrator no later than 10 days prior to the date of the Committee meeting concerned.

Unless it is not feasible on a particular occasion, the draft agenda will then be

sent to the Chair (by email) for his/her comments by return. If time permits, the Chair should also be given the opportunity to comment on any background documents while they are still in draft form.

The Chair and executive assistant or lead member of staff should make time before each Committee meeting to discuss the agenda, ensuring the necessary information is available for the business of the meeting. This meeting/conversation should also be used to identify the specific decisions which should be given priority and which should not be deferred until a subsequent meeting.

## 5.6. Confidentiality of papers and discussions

### 5.6.1. Designation of items as Confidential

Committee staff, in consultation with the Chair, where necessary, will mark agenda and move confidential items and supporting papers to the In Committee session of the Council or Committee meeting when:

a) they are “position papers” to be used in negotiations or in making submissions to outside bodies;

b) they are part of a continuing discussion and the outcome could be jeopardised by disclosure;

c) they are reports of activities upon which decisions will be made and all or part of the report content will not be released or published;

d) they contain information that has been sent in confidence;

e) they refer to individuals or organisations who could be prejudiced by disclosure;

f) their disclosure could be prejudicial to the financial interest of this or another organisation or an individual;

g) the fact that a specific topic is under consideration is, of itself, confidential;

h) the matter is confidential for some other identifiable reason; and

i) the matter relates to the outcome of an internal audit.

Council will hold meetings designated as “In-Committee” to deal with items considered confidential or sensitive.

Any paper within the In-Committee Council agenda should be treated as such and should not be discussed with anyone other than Council members, relevant members of staff and members of the committee which has the paper for consideration.

Members should also exercise discretion over items and papers which are not within the In-Committee agenda as items may be inappropriate for discussion beyond the circulation list.

Some papers containing highly sensitive information, either commercially or for some other reason, will be marked “Restricted”, may be numbered and will normally be circulated only to Council members and other individual members of staff directly involved. Obviously, such papers must be treated as confidential and recipients will normally be required to return all “Restricted” papers after the relevant decisions have been taken.

### 5.6.2. Discussions at meetings

Verbatim reports of discussions at meetings of Council, committees and sub-committees will not ordinarily be recorded. Individual contributions should always be regarded as confidential. The general thrust of a discussion can, however, be recounted if the item is not within the Confidential session of Committee meetings or the In-Committee agenda.

## 5.7. Declaration of interests at meetings

Council considers that it should be aware of any interest, pecuniary or otherwise, that one of its members might have in any subject which is under discussion by Council, or by a Council Committee on which that member serves, if the member concerned intends to take part in the discussion or the vote. In such circumstances, a Council member will be expected to declare that interest at the commencement of the discussion. Having done so, the Council member concerned would then normally be free to take part in the discussion and, if there is one, in the vote where it is agreed that this is appropriate. In exceptional circumstances, the member concerned may be asked by the President or the Chair of the relevant committee to leave the meeting for all or part of the discussion and the vote.

As an alternative to declaring an interest at the Council or Committee meeting, the member concerned may inform the President or the Chair of the committee, as the case may be, in advance of their intention not to attend the meeting or to attend but take no part in the discussion or, if there is one, the vote. Again, in exceptional circumstances, the President or Chair may request that the member leaves the meeting for the item concerned.

A Council or Committee member, who is generally known to hold a senior post in a major company or other enterprise or to hold office in another pharmaceutical or otherwise relevant organisation previously declared on their interests form, will not be expected to declare that interest at each Council or Committee meeting but will be expected to refrain from discussions or voting, if appropriate.

## 5.8. Conduct of the meeting

The conduct of the meeting is the sole responsibility of the Chair. It is recognised that many will have had previous experience of Chairing meetings and that techniques may vary depending upon the personality of a particular individual. However, the following guidelines are recommended to all who occupy this office:

a) It is the role of the Chair to ensure that the Committee deals expeditiously with the items on the agenda. The target should be to complete the agenda within the allotted timeframe of the meeting but this should not be done by curtailing discussion on important matters merely to ensure completion of the agenda items.

   The expected time for a particular item will have been discussed with the lead member of staff prior to the meeting but the Chair must be prepared to make a judgement based on the way that a particular debate is proceeding and, if the circumstances so require, must decide whether to defer completion of the debate until a future meeting or complete the debate at the expense of some other items on the agenda. Such a decision will be based on the importance of the topic and on whether an immediate decision is essential.

b) Although there is no formal requirement within committee business that members should only speak once on a particular subject, it is a good principle to adopt as a rule. The Chair should make every effort to ensure that all committee members who wish to speak are given an opportunity to do so at least once. Depending upon the subject and the expertise of the contributor, it may be sensible to allow one or more committee members to speak more frequently in a particular debate. However, the Chair should insist that this should only be on aspects of the topic which have not been covered in previous contributions. The overall aim is to prevent duplication of debating points particularly by the same committee member.

c) As a general rule, the Chair should act as co-ordinator of the debate and, based on the discussion, should direct the committee towards the decisions that are required. The Chair should not normally participate in the debate itself unless he or she has expertise related to the topic in question and views relevant to the discussion based on that expertise have not been offered by other members of the committee.

   The prime objective of the Chair is to ensure that the committee is provided with all relevant information on the different aspects of a subject and then to obtain a consensus or majority view in relation to the decisions that need to be made. This responsibility should take precedence over

any inclination of the Chair to become an active participant in favour of one side of the debate. A good Chair can function efficiently without any expert knowledge of the topic in hand. Additionally, a good Chair should not use their position to promote his or her own views unduly.

d) The Chair should conduct the meeting with firmness and good humour. Committee members will respond well to this approach. They are likely to become frustrated if the Chair is not firm or is over-officious. Without firmness, a meeting can deteriorate into a series of prolonged and unnecessary discussions or even into a series of separate informal meetings. A degree of formality is essential and the Chair should insist that all comments be made through the Chair. On the other hand, the active co-operation of committee members is essential for the good conduct of a meeting and this can be achieved when the Chair exercises an element of good humour within a firm approach to the conduct of business.

e) The relationship between the Chair and lead member of staff during the meeting is another important factor. The Chair should look to the lead member of staff when necessary for advice on procedure and, where appropriate, on past policy. This can be given quietly to the Chair or can be explained to the meeting.

## 5.9. Non-members of committees

Council members do not normally attend meetings of committees of which they are not members but they may attend at the invitation of or with the permission of the relevant Chair.

## 5.10. Attendance at Council meetings

<u>"Public", In-Committee" and "Private" Business</u>

The parts of the Council meeting taken in "open" business are open to any registrant or to the public, designated as Public Meetings. Wherever possible, Council business should be conducted in this mode.

"Confidential" business will normally exclude all but Council members and when required the Chief Executive or selected individuals. Such meetings are designated as "In-Committee"

"Private" business will normally be discussed only in the presence of Council members.

## 5.11. The reporting of Council proceedings

The current convention is that discretion is given to the Chief Executive to decide which parts of the Council meeting should be reported. This applies to all the proceedings.

Thus, any Council member who contributes to a debate at any part of the Council meeting, under the present arrangements, should assume that he may not be reported unless that Council member indicates that his or her remarks, either in total or in part, should be reported.

Registrants and the public should be as fully informed as possible about key decisions taken at Public Council meetings to facilitate transparency. This policy is recognised by Council as being in the best interests of the organisation and thus as much information as practicable will be made available through the website and other media when reporting on the outcomes of Council meetings.

In keeping with best practice identified by PSA, notes of Council and committee meetings will be published on the website and attendance by registrants or the public at Council meetings is permitted, subject to conditions published on the website.

## 5.12. Composition of, and quorum for, Council committees

Composition

Membership of the Audit & Risk and the Finance & Performance Committees will consist of 4-6 Council Members including the Chair who will chair the Committee meetings and be responsible for the conduct of the meeting.

Membership of the Remuneration Committee will consist of 4 Council Members including the President and Vice-President. The President will chair the Remuneration Committee meetings.

Quorum

A quorum of 50% is necessary for the transaction of business. Members' attendance via telephone or video-link is permissible for the purposes of determining quorum.

## 5.13. Attendance at committee/group meetings

Where a Council member has been appointed to a committee or membership group and without reasonable cause, fails to attend meetings, the Committee Chair may request a review of their appointment by the President.

## 6. Monitoring by Council

Council, in accepting ultimate responsibility for oversight of the organisation, requires a structure for the systematic monitoring of the organisation to ensure its policy directions are being met. Council and its committees may approve programmes of action, prioritise, set deadlines, review priorities in the light of further demands and are informed regularly of progress. The following are ways in which Council monitors progress.

### 6.1. Policy implementation - Monitoring of agreed actions

Policy implementation is monitored by Council through the receipt of the minutes of its standing committees and by audit.

### 6.2. Monitoring role of the Vice President

The Vice President has the role of monitoring the activities of the main committees and the overall effectiveness of the organisation. However, a report to Council is only made by exception when it is considered that changes may be necessary to a committee structure or processes. Where a report is made, it should be towards the end of the Council year.

### 6.3. Audit

The internal audit, annual external audit exercise and the Audit and Risk Committee assure Council that the Society has adequate control systems in place including management of risk. The Chief Executive is accountable for ensuring that adequate financial and non-financial control systems are in place.

## 7. Relationships with staff

Every opportunity is taken to facilitate communication between Council members and staff to engender a shared ownership and understanding of the organisation's objectives and priorities. Good relationships between Council members and staff are essential and should be fostered.

In the course of their working relationships with members of staff, Council members may encounter issues that should be dealt with through line management. In these cases, Council members are advised to listen to what staff have to say and to encourage them to raise the matters with their respective managers in the usual way. If, exceptionally, this does not appear to be appropriate, the Council member may wish to discuss the matter with the Head of Business Operations or Chief Executive. Council members are strongly advised not to take initiatives that are likely to encourage staff to raise matters with them that should normally be dealt with through management channels including, where necessary, the grievance procedure.

### 7.1. Access to information by Council members

In overseeing the work of the organisation, Council requires relevant information. However, Council members should only have information which they require to undertake their duties as a Council member. It is for management to implement policy under the guidance, where relevant, of the appropriate Council committee and to oversee individual staff performance. In order to carry out their functions, some committees may need access to information on individual staff members but Council members acting on their own should not have access to such information. Where Council members require additional information, requests should be directed to the Chief Executive.

## 8. Concerns about probity

Council has agreed that the Audit & Risk Committee is responsible for dealing with probity issues and the following principles/procedures have been adopted:

Defining 'probity' – There should be an absolute standard of honesty in dealing with the assets of the Pharmaceutical Society of Northern Ireland. Integrity should be the hallmark of all personal conduct in decisions affecting members, staff and outside agencies/departments and in the use of information acquired in the course of any Council business.

In the context of Council, probity is any situation where an individual has the opportunity for personal gain either for themselves, their business, family, colleagues or associates. Personal gain is wider than simple financial benefit and would include opportunities for increased status, recognition or influence.

Council members who have concerns about probity should provide a note of these concerns, with their evidence, to the Chair of the Audit & Risk Committee on a confidential basis. The Audit & Risk Committee Chair will then discuss with and seek the agreement of the Audit & Risk Committee in relation to any action to be recommended to the President or Vice-President. In certain circumstances, this discussion could be limited only to members of the Audit & Risk Committee excluding non-members who normally attend.

a) Staff who have concerns about probity should confidentially provide a note of these concerns with their evidence to their line manager or, if the circumstances require, to someone more senior, including, where appropriate, the Chief Executive or, by exception, the President. Management should then decide whether to refer the matter to the Chair of the Audit & Risk Committee for action as at (i) above. If this procedure has been followed without meeting the staff member's concerns, management may approach the Chair of the Audit & Risk Committee direct. Staff should not approach other Council members on issues of probity. If they do so, the Council member should advise them to follow the proper procedure.

b) The Council or staff member raising concerns and all those involved in subsequent action e.g. senior managers, the Audit & Risk Committee and any other agency, should observe confidentiality until the investigation is complete to prevent any perception of defamation should the concerns prove unfounded.

c) If the concern is proven to be unfounded, no allegation should be made publicly on this matter, either specifically or in general terms. If the concern is proved to be correct, remedial action will be taken and both the concerns and action taken will be reported to Council. Council members should not expect to have personal access to the organisation's files to investigate probity issues. Access to information must always be given to enable Council members to discharge their accountability. In the context of probity, this requires them, acting corporately, to ensure that systems are in place to resolve matters if things go wrong and to activate those systems when necessary, in accordance with Item 7 of the Code of Conduct. Council members do not have managerial responsibility for actual investigations.

## 9. Conduct of members of Council

For the organisation to command the confidence of the public and the profession, it is necessary that Council, as its governing body, should adopt and comply with appropriate standards of conduct.

### 9.1. Code of conduct

#### 9.1.1. Preface

Council powers are set out in the Pharmacy (Northern Ireland) Order 1976. In particular, Part II Article 4 (3) provides that:

'the Council may on behalf, and for the benefit of the Society -

a) direct and manage the business and affairs of the Society and exercise all such powers of the Society as are not by this Order required to be exercised by the Society in general meeting, in accordance with and subject to approved bye-laws made by Council'.

In the exercise of these powers, in discussions at meetings of the Council and its committees, in decision-making and in communications, Council members are expected to observe the highest standards of impartiality, integrity and objectivity. Council members should faithfully report Council policy.

The powers and responsibilities of Council are exercised jointly by its members, each of whom has statutory and fiduciary duties and is required to pursue the best interests of the organisation. Council members are jointly responsible for a decision even if they have voted against it, abstained from voting or were absent. It follows that all members are bound by a decision of Council made in good faith (whether a unanimous or majority decision) and may not obstruct the execution of that decision. Council operates within the context of the seven Nolan Principles of public life which are attached at Appendix 1 and each Council member is required to subscribe to these principles. The Code of Conduct sets out in general terms the duties of each member of Council but Council expects its members to adopt high standards of conduct in all aspects of their activities as members of Council. So long as they continue to serve on Council, Council members cannot, by their actions or behaviour, divest themselves of their role in such capacity in matters concerning the profession.

Council members take office as and from the date of appointment and are bound by corporate responsibility from that date.

Every Council member is bound by the Code of Conduct and will be asked each year to sign a statement that they have received and read the Code of Conduct. (copy of declaration attached at Appendix K).

### 9.1.2. The Code (Council adopted this Code of Conduct)

1. Members of Council must at all times while acting in that capacity ensure that their activities are directed toward the fulfilment of the objectives and responsibilities specified in legislation, and the interests of the public, including any specific requirements set out in current or future legislation.
2. Members of Council must respect the confidentiality of information identified as confidential, acquired by them solely by virtue of their position as such.
3. Members of Council must not make use of information acquired solely by virtue of their position as such for personal gain, whether financial or non-financial.

4. Members of Council must not use their position as such to seek to influence the conduct of any aspect of the Council's business for the benefit of any individual, body corporate or other association rather than for the benefit of the profession as a whole.
5. Members of Council must not use their position as such to promote their personal, professional or business interests and must on appointment and annually thereafter declare formally any interests they have on the form supplied for that purpose
6. Members of Council must ensure, when speaking in their capacity as such at any meetings of the Council, its committees or outside, that they declare any personal or business interests relevant to the matter in hand.
7. Members of Council must avoid any conduct that impairs the ability of the Council to perform its functions or to enjoy the confidence of the public, the profession or government.
8. Members of Council must ensure that the funds are properly applied to the furtherance of the Objectives of the organisation.
9. Members of Council must ensure that entries relating to them in the Registers of Interests and of Gifts and Hospitality are accurate, complete and up to date.
10. Members of Council must ensure that prompt and effective action is taken through appropriate channels to investigate any allegation of maladministration within the organisation reported to them
11. Any member of Council who wishes to engage in litigation against the organisation, the Council or any member thereof, or any officer or employee of the organisation in their capacity as such, must resign from the Council before taking such action.
12. Members of Council must comply with the Equal Opportunities Policy, Equality and Diversity Policy and Statement on Harassment and Bullying.

## 9.2. Conduct, suspension, disqualification and removal

***The procedures for suspension, disqualification and removal of Council members are contained in The Council of the Pharmaceutical Society of Northern Ireland (Appointments and Procedure) Regulations (Northern Ireland) 2011***

**PART 1**

**Membership of the Council**

**Disqualification from appointment as a member**

1. A person is disqualified from appointment as a member of the Council if that person –

   (a) has at any time been convicted of an offence involving dishonesty or deception in the United Kingdom and the conviction is not a spent conviction;

   (b) has at any time been convicted of an offence in the United Kingdom, and

      (i) the final outcome of the proceedings was a sentence of imprisonment or detention, and
      (ii) the conviction is not a spent conviction;

   (c) has at any time been removed

      (i) from the office of charity trustee or trustee for a charity in Northern Ireland or by an order made by the Charity Commissioners or the High Court in England and Wales on the grounds of any misconduct or mismanagement in the administration of the charity for which that person was responsible or to which that person was privy, or which that person by his conduct contributed to or facilitated; or

      (ii) under –

         (aa) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(1) (powers of the Court of Session to deal with management of charities), or

         (bb) section 34(5)(e) of the Charities and Trustee Investment (Scotland) Act 2005(2) (powers of the Court of Session),

(1) 1990 c.40; section 7 was repealed by the Charities and Trustee Investment (Scotland) Act 2005 (asp 10), Schedule 4, paragraph 7(b).
(2) 2005 asp 10.

from being concerned with the management or control of any body.

(d) has at any time been removed from office as the Chair, or a member, convenor or director, of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that the person should continue to hold that office;

(e) at any time been adjudged bankrupt or sequestration of the person's estate has been awarded, and

(i) the person has not been discharged, or

(ii) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 2A of the Insolvency (Northern Ireland) Order 1989(3) or Schedule 4A to the Insolvency Act 1986(4) (which relate to bankruptcy restrictions orders and undertakings) or sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(5);

(f) has at any time made a composition or arrangement with, or granted a trust deed for, the person's creditors and the person has not been discharged in respect of it;

(g) is a person to whom a moratorium period under a debt relief order under Part V11A of the Insolvency Act 1986 (debt relief orders) applies, or is the subject of a debt relief restrictions order or an interim debt relief restrictions order under Schedule 4ZB to that Act (debt relief restrictions order and undertaking) (6);

(h) is subject to –

(i) a disqualification order or a disqualification undertaking under the Company Directors Disqualification (Northern Ireland) Order 2002(7),

(ii) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(8), or

(iii) an order made under section 429(2) of the Insolvency Act 1986(9) (disabilities on revocation of a county court administration order);

(3) S.I. 1989/2405 (N.I. 19); Schedule 2A was inserted by S.I. 2005/1455 (N.I. 10).
(4) 1986 c.45. Schedule 4A was inserted by section 257(2) of, and Schedule 20 to, the Enterprise Act 2002 (c.40).
(5) 1986 c.66. Sections 56A to 56K were inserted by section 2(1) of the Bankruptcy and Diligence etc. (Scotland) Act 2007 (asp 3).
(6) 1986 c.45. Part VIIA was inserted by section 108(1) of, and Schedule 17 to, the Tribunals, Courts and Enforcement Act 2007 (c.15). Schedule 4ZB was inserted by section 108(2) of, and Schedule 19, to that Act.
(7) S.I. 2002/3150 (N.I.4). Relevant amendments were made by S.I.2005/1450 (N.I.9)
(8) 1986 c.46.
(9) Section 429(2) was amended by the Enterprise Act 2002 (c.40), Schedule 23, paragraph 15.

(i) has been included by –

(i) the Independent Safeguarding Authority in a barred list (within the meaning of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007(10) or the Safeguarding Vulnerable Groups Act 2006(11), or

(ii) the Scottish Ministers in the children's list or the adult's list (within the meaning of the Protection of Vulnerable Groups (Scotland) Act 2007(12));

(iii) has at any time been subject to any investigation or proceedings concerning the person's fitness to practise by any licensing body, the final outcome of which was –

(iv) the person's entry in a register held by the licensing body is suspended,

(v) the person's entry is removed from a register held by the licensing body or there has been a decision that had the effect of preventing the person from practising the profession licensed or regulated by the licensing body, or

(vi) a decision allowing the person to practise that profession subject to conditions and those conditions have not been lifted;

(j) has at any time been subject to any investigation or proceedings concerning the person's fitness to practise by the Statutory Committee, in the course of which or where the final outcome was that –

(i) the person's entry in the register was suspended (including by an interim suspension order) and the order imposing that suspension has not been lifted,

(ii) the person's name was struck off the register (for a reason connected with the person's fitness to practise), or

(iii) the person's entry in the register was made subject to an order imposing conditions with which the person must comply (including by an order for interim conditional entry) and that order has not been lifted;

(k) has at any time been subject to any investigation or proceedings relating to an allegation that the person's entry in the register was fraudulently procured or incorrectly made, the final outcome of which was the person's entry being struck off the register;

(10) S.I. 2007/1351 (N.I. 11).
(11) 2006 c.47.
(12) 2007 asp. 14.

(l) has at any time been subject to any investigation or proceedings concerning the person's fitness to practise by –

(i) any licensing body;

(ii) the Statutory Committee; or

(iii) the Scrutiny Committee;

and the Department is satisfied that the person's membership of the Council would be liable to undermine public confidence in the regulation of pharmaceutical chemists; or

(m) has at any time been convicted of an offence elsewhere than in the United Kingdom and the Department is satisfied that the person's membership of the Council would be liable to undermine public confidence in the regulation of pharmaceutical chemists.

**Removal of members of the Council from office**

2.(1) A member of the Council must be removed from office by the Department, if –

(a) the member resigns, which a member may do at any time by a notice in writing to the Department;

(b) in the case of –

(i) a member who is a registered person, he ceases to be registered, or

(ii) a lay member, that member becomes a person who no longer satisfies the criteria for being a lay member in Article 2(2) of the Order (Interpretation);

(c) the member becomes a person of the type mentioned in regulation 2(a), (b) or (e) to (j) (irrespective of whether or not they subsequently cease to be a person of the type mentioned in those provisions);

(d) the member becomes a person of the type mentioned in regulation 2(c) or (d);

(e) in the case of a registered person, the member has become the subject of any investigation or proceedings concerning the member's fitness to practise by the Statutory Committee, as a result of which –

(i) the member's entry in the register, is suspended,

(ii) the member's name is struck off the register,

(iii) the member's entry in the register is made subject to an order imposing conditions with which the member must comply, and the proceedings relating to that particular sanction have reached their final outcome;

(f) in the case of a registered person, the member has become the subject of any investigation or proceedings relating to an allegation that the member's entry in the register was fraudulently procured or incorrectly made, the final outcome of which was the member's entry being struck off the register;

(g) the Department is satisfied that the member's level of attendance at meetings of the Council falls below a minimum level of attendance acceptable to the Department whether or not there has been reasonable cause for the member's non-attendance;

(h) the Department is satisfied that the member is no longer able to perform their duties as a member of the Council because of adverse physical or mental health;

(i) the Department is satisfied that the member's continued membership of the Council would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(j) the Department is of the opinion that it is not in the interests of, or conducive to the good management of the Society that the member should continue to hold office.

(2) A member of the Council who becomes, or may be about to become, a person to whom paragraph (1)(b) to (f) applies, must notify the Department and the Society in writing of that fact as soon as the person becomes aware of it.

(3) Any member of the Council or employee of the Society may notify the Department if they are of the view that the Department may need to exercise its functions under paragraph (1).

(4) The President must notify the Department if the President is aware that –

(a) a member of the Council has become, or may be about to become, a person to whom paragraph (1)(b) to (f) applies; and

(b) that member has not notified the Department in writing of that fact and the President is not satisfied that the member will do so immediately.

**Suspension of members of the Council from office**

3.(1) The Department may suspend a member of the Council from office by a notice in writing served on that member –

(a) if the Department has reasonable grounds for suspecting that the member has become a person to whom regulation 3(1)(b)(ii) to (d) applies, for the purposes of determining whether or not the member has become such a person;

(b) while the Department is considering whether or not it is satisfied as to the matters set out in regulation 3(1)(g) to (i);

(c) if the member is subject to any investigation or proceedings concerning the member's fitness to practise by –

(i) any licensing body;

(ii) the Statutory Committee; or

(iii) the Scrutiny Committee;

(d) and the Department is satisfied that it would not be appropriate for the member to continue to participate in proceedings of the Council while the investigation or proceedings concerning the member's fitness to practise is or are on-going;

(e) if the member is subject to any investigation or proceedings concerning whether the member's entry in the register was fraudulently procured or incorrectly made and the Department is satisfied that it would not be appropriate for the member to continue to participate in proceedings of the Council while the investigation or proceedings concerning the member's entry in the register is or are on-going; or

(f) if the member is subject to any investigation or proceedings in the United Kingdom relating to an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence, and –

(i) either—

(aa) the investigation or proceedings relate to an offence involving dishonesty or deception, or

(bb) the final outcome of the investigation or proceedings may be that the person is sentenced to a term of imprisonment or detention, and

(ii) the Department is satisfied that it would not be appropriate for the member to continue to participate in proceedings of the Council while the investigation or proceedings are on-going.

(2) The Department must suspend a member of the Council who is a registered person from office by a notice in writing served on the member if the member is the subject of an interim suspension order under paragraph 8 of Schedule 3 to the Order (Interim Orders).

(3) The notice in writing served under paragraph (1) or (2) must set out the reasons for the suspension and the duration of the period of suspension, which is (in the first instance) not to be for more than 6 months.

(4) The Department –

(a) may at any time review a suspension of a member of the Council by it; and

(b) must review any suspension of a member of the Council by it after 3 months from the start of the period of suspension, if requested to do so by the suspended member.

(5) Following a review, the Department may –

(a) terminate the suspension;

(b) if that review is within 3 months of the end of the period of suspension, extend the suspension for a further period of up to 6 months from the date on which the suspension would otherwise come to an end.

(6) The Department must notify the suspended member of the Council in writing of the outcome of any review and that notice must include the reasons for any decision taken.

## 10. Relationships with commercial organisations

Members of Council may have contact with representatives of commercial organisations in the course of their duties. This can give rise to misunderstandings and misrepresentations of the relationship between the parties. This note aims to set a general framework for these contacts.

Contacts with commercial organisations relating to regulatory matters: Care must be taken to ensure that attendance at meetings, correspondence or informal discussions are not represented as involvement or endorsement by the Pharmaceutical Society NI of any of the commercial activities of an organisation. Partnership with any commercial organisation, as distinct from collaboration with professional, educational or public bodies, can only be entered into with Council approval. Advice should always be sought from the Chief Executive before any discussions are progressed any commercial organisation.

Members are reminded to declare any and all conflicts of interest.

### 10.1. Sponsorship of meetings, publications or prizes

Sponsorship and fundraising should adhere to the following principles:

All sponsorship:

a) the sponsoring body does not have control of the content of the event;

b) there is no product endorsement requirement as part of the sponsorship arrangements; and

c) the sponsoring body is not engaged in activity which is inconsistent with the objectives and context of the Pharmaceutical Society NI - e.g. a cigarette manufacturer.

### 10.2. Gifts and Hospitality

Hospitality provided by a commercial organisation may be, or may be construed to be, an attempt by the organisation to gain influence or favours and all Council members should avoid any conduct which could give rise to suspicions of this kind. Council members are advised to seek guidance on offers of hospitality other than a normal business lunch or evening reception to which representatives of bodies similar to or linked with the organisation's activities are invited. Any such gifts should be recorded in the Register of Interests, Gifts and Hospitality.

### 10.3. Register of Interests, Gifts and Hospitality

A copy of the form all Council members are required to complete is circulated as Appendix F. The form is circulated to Council members periodically and the onus is on each individual Council member to ensure that their entries are updated.

The Register is available for Council members to view at any time and can be inspected by other members of the profession on written request.

## 11. Council member expenses

Council members are entitled to reimbursement for travel expenses, expenses incurred on legitimate Council business and for costs of accommodation and subsistence.

Note - all payments made to Council members are processed through payroll and taxed at source.

On all other occasions, Council members will only be entitled to reimbursement of expenses where the Council member is participating in an event that has been agreed by Council as qualifying for reimbursement.

## 12. APPRAISAL

**12.1.** Council members will be appraised annually by the President / Vice President as set out in appendix B

**12.2.** The President will be appraised annually as set out in appendix C

**12.3.** Council as a whole will carry out a self-appraisal exercise annually.

## 13. External Communications

### 13.1. External organisations

Communication with outside organisations is normally undertaken by the appropriate member of staff, usually the Head of Public Affairs. However, with the approval of the Chief Executive, another identified individual may be authorised to write or otherwise communicate with an external organisation.

### 13.2. Consultation documents

There is a central system for dealing with external consultation documents. Responses within policy will normally be signed off by the Officers or the Chief Executive.

Non-confidential responses (occasionally, the consultation document originator may ask for the document and the organisation's response to be kept confidential) are also made available on the website.

### 13.3. Media Training

A number of Council members and staff members will receive media training. The organisation will maintain a list of those trained who may be called upon if required. If the number of trained members falls below 3, a new training course will be set up with as many of Council and appropriate staff members who need to attend.

## 14. Members' meetings

The Byelaws make provision for the holding of annual and special general meetings.

The relevant sections of the Byelaws of 09 November 2011 are as follows:

1) The Annual General Meeting of the Society shall be held on the Thursday preceding the first Monday in October, or on any other date within fifteen days at such time and in such place as the Council shall determine.

2) A member may, at the Annual Meeting, raise any matter or move any motion, subject to the restriction hereinafter referred to, of which he has given the Chief Executive notice in writing not later than twenty-eight clear days before the said meeting is to be held. Any matter or motion raised pursuant to this byelaw shall not be considered at the Annual General Meeting and shall be rejected at the sole discretion of Council, if it would or could impede, or impact upon, the regulatory function of Council.

3) Special general meetings of the Society shall be held on such dates, at such times and places and for such purposes as Council may determine. Upon the requisition in writing of not less than twenty members requiring Council to convene a special general meeting for the purpose specified in the requisition, such purpose being subject to the restriction hereinafter referred to, such a meeting shall accordingly be convened within such reasonable time as Council thinks fit. Notice of such meetings shall be sent to each member of the Society not less than ten days prior to the meeting. Any purpose specified in the requisition raised pursuant to this byelaw shall not be considered at the special general meeting and shall be rejected at the sole discretion of the Council, if it would or could impede, or impact upon, the regulatory function of Council.

   Although Council members are not obliged to attend these meetings (except for the Officers), they are encouraged to do so where possible.

# APPENDICES

# Appendix A

## Standing Orders of the Council of the Pharmaceutical Society NI

### 1. Status of this document and interpretation:

1.1. When approved, this document, along with the Pharmacy (Northern Ireland) Order 1976 as amended (2012) (the Order), The Council of the Pharmaceutical Society of Northern Ireland (Appointments and Procedure) Regulations (Northern Ireland) 2012 (the Regulations) and The Corporate Governance Handbook set out the rules and procedures for the conduct of Council business.

1.2. Terminology used in this document shall be deemed to have the same meaning as that set out in the Order and the Regulations

1.2.1. The Organisation means the Pharmaceutical Society NI as a body corporate;

1.2.2. Council means the members of the Council of the Pharmaceutical Society NI acting collectively as a body;

1.2.3. President means the person appointed by the DoH (the Department) to lead Council in effectively discharging the objectives of the organisation;

1.2.4. Vice President means the person appointed by the Department to deputise for the President; and

1.2.5. Member means a member of Council.

1.3. If a point of procedure arises which does not appear to be covered by these standing orders, the Order, the Regulations or the Corporate Governance Handbook, then the President or their appointed deputy shall determine the appropriate procedure to be followed.

### 2. Council

2.1. Council shall be composed as set out in the Schedule 2 to the Order and shall consist of 7 registered persons and 7 lay persons appointed by the Department for a term of office determined by the Department which should not exceed an aggregate of 8 years in any 20-year period.

2.2. The Regulations set out:

2.2.1. The grounds upon which a person may be disqualified from appointment as a member of Council;

2.2.2. The appointment of a President and Vice President of Council and

their term of office;

2.2.3. Deputising arrangements in respect of the President and Vice President;

2.2.4. The quorum of Council, which shall be 8;

2.2.5. The circumstances in which members cease to hold office or may be removed or suspended from office; and

2.2.6. The procedures of Council (including the validation of proceedings in the event of vacancies or defects in appointment).

2.3. Council members are bound by a Code of Conduct as set out the Corporate Governance Handbook at 9.1.2.

## 3. Meetings and the business of Council

3.1 Council shall act as a corporate decision-making body. All members of Council have equal status. Council shall consider key strategic, policy and performance issues in relation to the organisation.

3.2 The powers and responsibilities of Council are exercised jointly by its members, each of whom, therefore, has statutory and fiduciary duties in discharging the responsibilities listed above and each of whom is required to pursue the best interests of the organisation. Council members are jointly responsible for a decision even if they have voted against it, abstained from voting or were absent. It follows that all Council members are bound by a decision of Council made in good faith (whether a unanimous or majority decision) and may not obstruct the execution of that decision.

3.3 The President is responsible for the operation of Council and should work closely with the Chief Executive to ensure that relevant matters are brought to the attention of Council for discussion in a timely and informed manner.

### 3.4 Frequency of meetings

3.4.1 Council shall determine the number of meetings necessary to conduct its business and the frequency of such meetings and shall normally publish the schedule for not less than the next two Council meetings.

3.4.2 Additional Council meetings, not on the above schedule, may be convened by the executive assistant if requested in writing by not less than 8 members of Council.

3.4.3 Any written request, as set out in 3.4.2 above, shall include details of the business to be discussed and should be accompanied by any relevant supporting papers for consideration at the meeting.

3.4.4 Upon receipt of such request, the President will, in conjunction with the executive assistant, schedule an additional meeting within a reasonable time, normally 14 days, having regard to the need to provide adequate notice of the meeting.

### 3.5 Meeting notice

3.5.1 Dates of meetings will be published on the organisation's website at least seven days before the meeting date.

3.5.2 Meetings arranged as set out in 3.4.4 above and 3.6.2 below shall require either seven days' notice or, if the meeting is scheduled in less than seven days, shall be notified to all Council members as soon as the meeting is scheduled.

### 3.6 Adjournments

3.6.1 The President may with the agreement of the Council adjourn a meeting for any reason. An adjourned meeting may not, however, consider any business other that the business yet to be dealt with at the time of the adjournment.

3.6.2 Adequate notice must be given to all Council members of the re-convened meeting in accordance with 3.5.2.

### 3.7 Access to meetings

3.7.1 All public meetings of Council will be open to the public. All In-Committee meetings of Council are closed to the public as the business under consideration may concern:

a) Information relating to an identifiable registrant, former registrant or applicant for registration;

b) Information of a confidential nature relating to an office holder, employee, former office holder or employee or an applicant for any post or office;

c) Consideration of any commercial activity including tenders or contracts for the purchase of supply of goods or services or the acquisition or disposal of property;

d) Negotiations or consultations concerning any HR matter including finance between the Council and its employees;

e) Any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;

f) Any consideration relating to the detection, prevention or prosecution of criminal matters;

g) Information provided to the Council in confidence;

h) Any matter which in the opinion of the President is confidential or which could impair the effective operation of the organisation if considered in public;

i) Where the circumstances set out in article 5.6.1 of the Corporate Governance Handbook apply.

## 3.8 Agenda

3.8.1 The President shall determine the content of the agenda in consultation with the Chief Executive and the Executive Assistant shall normally circulate it to members not less than 5 days before the meeting.

3.8.2 Any Council member wishing to raise any matter at a Council meeting shall notify the President, Chief Executive and Executive Assistant not less than 10 days before the meeting.

3.8.3 No business other than that on the agenda or of which notice has been given under 3.8.2 may be dealt with at any meeting except in relation to urgent matters with the consent of the President.

## 3.9 Conduct of meetings

3.9.1 The order of business of the meeting shall follow that set out in the agenda unless it is varied by the President with the consent of the meeting.

3.9.2 No business shall be discussed except for that set out in 3.8.

3.9.3 Council members must ensure that no conflict arises, or could reasonably be perceived to arise, between their position as a Council member and their personal interests, financial or otherwise. Council members must, therefore, advise the President of any conflict of interest at the commencement of the Council meeting.

3.9.4 A Council member may not initiate a debate or move a motion on any matter that is not on the agenda unless they have the consent of the President. Any motions moved must be proposed, seconded and put to a vote of the meeting.

3.9.5 Council members shall comply at all times with the Code of Conduct for Council members and with the seven principles of public life established by the Committee on Standards in Public Life (The Nolan Principles).

3.9.6 Council members shall not make derogatory references or use offensive expressions or improper language to any other member or any employee of Council.

3.9.7 When speaking, a Council member must address only the matters under discussion. Where the President is of the view that the Council member is addressing irrelevant matters, using undue repetition or other unbecoming conduct, the President shall call attention to the matter.

Where the conduct persists or where conduct as specified in 3.9.3 is displayed, the President may direct the member to cease speaking.

3.9.8 A ruling by the President on any question of order, whether or not provided by the standing orders, shall be final.

## 3.10 Voting

3.10.1 Except where the Order or Regulations requires a different requirement, any motion or question at a meeting shall be decided by a majority of the members present voting by a show of hands.

3.10.2 In the event of an equality of votes, the President shall have an additional, casting vote.

## 3.11 Attendance at meetings

3.11.1 At the discretion of the President, meetings of Council may be conducted using teleconference, video conference or other electronic means which allow Council members to hear and address one another. This facility may be used for all or part of any meeting.

## 3.12 Chair

3.12.1 The President or, in their absence, the Vice President shall preside at any meeting of Council.

3.12.2 If neither the President nor Vice President is available, the Council members present shall nominate one of their number to serve as Chair.

## 3.13 Quorum

3.13.1 The quorum of Council is eight. Council members attending in the circumstances described at 3.11.1 are deemed to be present and count towards quorum.

3.13.2 No business shall be transacted unless the meeting is quorate.

## 3.14 Minutes of Council meetings

3.14.1 The Executive Assistant shall keep a record of each meeting which shall include key decisions, motions raised with proposer and seconder named, action points, any apologies received and any declaration of interest.

3.14.2 At each meeting, the minutes of the previous meeting shall be confirmed (or amended and then confirmed) and noted as a true record of the meeting.

## 4. Emergency Action

4.1. In an emergency, where a decision must be made by Council before its next meeting, the powers and duties of Council may be exercised by the President normally in concert with the Vice-President.

4.2. For this purpose, an emergency refers to circumstances where:

a) The organisation would be unable to exercise one or more of its statutory functions or be responsible for exposing the public to risk; or

b) Urgent action must be taken to prevent loss, reputational damage or other significant damage to the organisation.

## 5. Remote attendance at Council and Committee meetings

5.1. Members may attend meetings in person, via conference call or by other remote means. Members so attending shall be deemed to be present at the meeting and shall count towards quorum and, where required, shall be entitled to vote on any motion.

## 6. Committees and Working Groups

6.1. Council may from time to time establish Task & Finish working groups, composed of its own members or other persons, for such purposes as may be expedient. Nothing in this section applies to committees established by statute.

6.2. Task & Finish working groups established as described at 5.1 shall be bound by terms of reference agreed by Council and by any budgetary constraints set by Council.

## 7. Adoption

7.1. These standing orders were adopted by Council on 26 January 2021 and supersede any existing versions.

7.2. They apply to all Council meetings held after 26 January 2021.

7.3. They shall be reviewed by Council no later than 31 December 2024.

## Appendix B

**COUNCIL MEMBER**
**PERFORMANCE ASSESSMENT FORM**

**NAME:**

**PERIOD OF ASSESSMENT:**

**DATE OF FIRST APPOINTMENT:**

**CURRENT APPOINTMENT EXPIRES:**

# MEMBER SELF-ASSESSMENT

*You should set out below evidence of your activity over the last year as a member of Council which demonstrates good ability in respect of the five criteria listed.*

1. **Leadership** – Provide evidence that you have made a successful impact on the performance of Council through your effective leadership skills by understanding its business, thinking critically and strategically.

2. **Business Sense** - Provide evidence of your exercising sound judgement and critical thinking about Council business including example issues of business planning, resource allocation, risk management and organisational performance.

3. **Corporate Governance** – Provide evidence that demonstrates personal awareness of the importance of effective governance, including effective differentiation between Executive and Non-Executive roles.

4. **Stakeholder Participation** – Provide evidence of how you have established effective relationships inside and outside the Pharmaceutical Society NI that can positively support the work of Council.

5. **Self Awareness and Personal Contribution** – Provide evidence of personal learning needs you have identified, and action taken to meet those needs, and evidence that demonstrates the impact of your contribution to Council business.

## Time Commitment

| | **Council meetings** | **Other meetings (inc. Committees) eligible to attend** |
|---|---|---|
| **Meetings held during assessment period** | | |
| **Meetings attended by Member** | | |

Brief details of other events attended, activities and visits made on behalf of Council should be included in the box below:

| **Attendance at other events, activities and visits:** |
| --- |
| |

| **Notes on personal development needs and how they might be achieved:** |
| --- |
| |

**PRINCIPLES OF PUBLIC LIFE**

Please confirm that you have adhered to the Principles of Public Life and Codes of Conduct and Accountability. If any failures in this area have been identified, please provide details:

**YES/NO**

**If NO provide details:**

**CONFLICTS OF INTEREST**

Have you taken up any other appointments, employment, etc during the year not previously disclosed?

**YES/NO**

**If YES, please provide details:**

If other appointments, employment, etc have been taken up, are you satisfied that no conflict of interest arises as a result?

**YES/NO**

**If NO, please provide details:**

**RE-APPOINTMENT**

Members approaching the end of a **first** 4-year term of appointment may be offered the opportunity to serve for a second term, subject to a satisfactory performance. Please indicate if you would be willing to accept re-appointment if offered.

**YES/NO**

I **agree/disagree*** with my performance appraisal *(*Delete as appropriate)*

**Member's comments on President's appraisal**:

**SIGNED:** _____ **DATE** _____

**PRESIDENT'S APPRAISAL**

I consider performance in this year of _____to be **Effective/Not Effective**

If performance is **Not Effective**, has this been discussed with the member ***Yes/No**

**Comments:**

**SIGNED:** _____ **DATE** _____

## Appendix C

## President/Vice President Performance Assessment

**PRESIDENT/VICE PRESIDENT MEMBER PERFORMANCE ASSESSMENT FORM**

**NAME:**

**PERIOD OF ASSESSMENT:**

**DATE OF FIRST APPOINTMENT:**

**CURRENT APPOINTMENT EXPIRES:**

# MEMBER APPRAISAL

*You should indicate for each criteria below your assessment of performance of the President over the last year using a ten-point scale with a score of 1 reflecting very poor performance and a score of 10 reflecting excellent performance. Completed forms should be sent to the Vice-President for collation.*

6. **Leadership** – making a successful impact on the performance of Council through effective leadership skills by understanding its business, thinking critically and strategically.

**Score (select 1 to 10)** _____

7. **Business Sense** - exercising sound judgement and critical thinking about Council business including example issues of business planning, resource allocation, risk management and organisational performance.

**Score (select 1 to 10)** _____

8. **Corporate Governance** – demonstrates personal awareness of the importance of effective governance, including effective differentiation between Executive and Non-Executive roles.

**Score (select 1 to 10)** _____

9. **Stakeholder Participation** – has established effective relationships inside and outside the Pharmaceutical Society NI that can positively support the work of Council.

**Score (select 1 to 10)** _____

10. **Self Awareness and Personal Contribution** – demonstrates self awareness of strengths and weaknesses and makes an effective and positive impact on the business of Council.

**Score (select 1 to 10)** _____

**Comments in respect of any scores above that are less than 6:**

## PRESIDENT'S INFORMATION

## Time Commitment

| | Council meetings | Other meetings (incl. Committees) eligible to attend |
|---|---|---|
| **Meetings held during assessment period** | | |
| **Meetings attended by Member** | | |

Brief details of other events attended, activities and visits made on behalf of Council should be included in the box below:

| **Attendance at other events, activities and visits:** |
|---|
| |

## PRINCIPLES OF PUBLIC LIFE

Please confirm that you have adhered to the Principles of Public Life and Codes of Conduct and Accountability. If any failures in this area have been identified, please provide details:

**YES/NO**

**If NO provide details:**

## CONFLICTS OF INTEREST

Have you taken up any other appointments, employment, etc during the year not previously declared?

**YES/NO**

**If YES, please provide details:**

If other appointments, employment, etc have been taken up, are you satisfied that no conflict of interest arises as a result?

**YES/NO**

**If NO, please provide details:**

**SIGNED:** _____ **DATE** _____

# Appendix D

## The Role of the President, Vice President

The President provides effective leadership of Council and promotes Council's agreed strategy and policies in the public arena.

### The Office of President

The Office of President is specified in the Pharmacy (NI) Order 1976. The President is appointed as set out in the Council of the Pharmaceutical Society of Northern Ireland (Appointments and Procedure) Regulations (Northern Ireland) 2012.

### Remit of the President

1. To Chair all meetings of the Council;
2. To lead the communication of Council's strategy and policies;
3. To preside at all general meetings of the members including the Annual General Meeting and any Special General Meeting convened by Council;
4. To represent and further the views of Council at meetings with Ministers, leaders of other professions and other pharmaceutical bodies;
5. To represent and further Council's interests in the public arena;
6. To represent Council at appropriate meetings, including overseas;
7. To line manage the Chief Executive on behalf of Council;
8. To attest the affixing of the Common Seal of the Society; and
9. To undertake the duties of an Officer and to Chair meetings of the Officers.

### Eligibility for Office

The President must be a member of Council.

### Term of Office

This is determined at the time of appointment.

### The Role of the Vice President

The Vice President has a particular focus on monitoring the overall effectiveness of the organisation and, in particular, its committees and will deputise for the President when s/he is absent.

## The Office of Vice President

The Vice President is appointed as set out in the Council of the Pharmaceutical Society of Northern Ireland (Appointments and Procedure) Regulations (Northern Ireland) 2012.

## Remit of the Vice President

1. In the absence of the President, to Chair meetings of Council;
2. To assist in the communication of Council's strategy and policy;
3. To preside at general meetings of the members including the Annual General Meeting and any Special General Meeting convened by Council in the absence of the President;
4. On behalf of the President and liaising with Audit and Risk Committee, to monitor the activities of committees and their Chairs and to take the lead in assessing their effectiveness and the overall effectiveness of the organisation;
5. To deputise for the President on such other occasions as may be required;
6. To attest the fixing of the Common Seal; and
7. To undertake the duties of an Officer.

## Eligibility for Office

The Vice President must be a member of Council.

## Term of Office

This is determined at the time of appointment.

# Appendix E

## Specific duties of the Committee Chair

1. To liaise with the lead member of staff on developing the work programme and forward planning of agendas;

2. In relation to strategy, to oversee, along with the Committee, progress against relevant measures and targets in the Council Balanced Scorecard and provide support, advice and assistance to the lead staff member in attainment of targets;

3. To submit any items for the agenda to the administrator not less than two weeks before the meeting and agree the draft agenda;

4. To manage the business of the Committee jointly with the lead member of staff;

5. To Chair meetings of the Committee;

6. To notify the lead member of staff if unable to Chair a meeting; to have appointed a Deputy Chair to carry out the functions of the Chair in their absence;

7. To approve the draft minutes of meetings before their circulation;

8. To monitor implementation of Committee decisions;

9. To decide those matters which fall within the Committee's responsibility;

10. To deal with issues which arise between Committee meetings which require an urgent response;

11. To liaise with Chairs of other Committees.

# Appendix F

## Generic role profile for Council Members

### Responsibilities

- Ensures that the Society upholds and pursues the Objectives as set out in the Pharmacy (NI) Order 1976 (and on Page 1 of this Handbook);
- Exercises regulatory and law enforcement duties;
- Develops strategy and policy in the interests of the public and the profession as a whole, putting forward ideas and constructively building on those of others;
- Takes decisions about the prioritising of strategy according to the importance of the issue to the Society and profession and the availability of resources;
- Monitors implementation of policies and activities of Committees at a high level and assesses the effectiveness of the agreed strategy;
- Represents Council's policies and views in a positive way to external audiences;
- Communicates with the membership, representing the views and policies of Council and bringing issues back - thus acting as a radar for how the membership thinks; and
- Sets the framework for resource strategy.

### Skills & knowledge

- Knowledge and understanding of the objectives and range of activities of the Society, the role of Council and the key internal and external stakeholders;
- Ability to think at a strategic level, understanding both the process of development and implementation of policy and the implications of strategic and policy decisions on the Society's resources;
- Analytical understanding and a logical approach to problem solving;
- Ability to see the external environment as others see it;
- Ability to promote the Society internally and externally in a positive and constructive way;
- Leadership ability, influencing others and taking decisions, as necessary;
- Understanding of team member role, listens/works constructively with others; and
- Specific skills to enhance professionalism including presentation (technical and practical), oral communication, interpersonal skills, précising and summarizing.

**Personal qualities**

- Accepts the need for collective responsibility for decisions taken;
- Works to achieve results and is willing to compromise in the name of progress;
- Respects 'expert' role of staff and others in advising Committees/Council and consults, as appropriate;
- Networker, builds relationships and develops high level of interactive skills;
- Is open to new ideas, willing to learn and able to admit errors;
- Demonstrates a statesmanlike approach; and
- Exercises diplomacy.

**Generic role profile for Council Members as Committee Chair**

**Responsibilities**

- Clarifies the aims/objectives of the Committee and how they will be achieved;
- Manages time, ensuring adequate, but controlled, consideration of issues without jeopardising the completion of the agenda;
- Ensures that clear and unambiguous decisions are taken by the Committee moving it towards resolution of its stated aims and objectives and not towards the personal objectives of individual members;
- Encourages members of the Committee to take collective responsibility for what has been agreed;
- Regularly liaises with the Committee Secretary and builds up a good working relationship with appropriate staff;
- Ensures full participation of all Committee members including co-opted members and of the secretariat or staff members;
- Oversees the implementation of policy;
- Develops the Committee as an effective team resolving conflict/disagreement;
- Assumes responsibility for the development of new Committee members;
- Contributes to general forward planning of agenda items; and
- Assists the Committee to review and assess its performance.

**Skills & knowledge**

- Good understanding of and interest in the role of the Committee;
- Committee/knowledge of its subject area;
- Chair skills including managing the agenda – preparation, control of time, focus on key issues, building consensus, taking decisions, summarizing;
- Directing impartially to facilitate an outcome re-appraising progress on implementation of past decisions;
- Understanding the Committee team, interacting sensitively with, and listening to, its members - building on individual strengths;
- Motivating and enthusing the staff involved in implementing the findings of the Committee;
- Influencing, as necessary; and
- Analytical understanding and a logical approach to problem solving.

**Personal qualities**

- Awareness of when issues are inappropriate for Committee discussion;
- Confident to ask for support to learn, and come up to speed, on new issues;
- Team-worker, puts team before self;
- Networker, builds relationships and develops high level of interactive skills;
- Demonstrates effective leadership; and
- Exercises diplomacy.

**Generic role profile for Council members as Committee members**

**Responsibilities**

- Supports policies and strategy agreed at Council and works positively and constructively to progress them;
- Takes responsibility for addressing the items that appear on the agenda by:
    - reading the papers beforehand;
    - being disciplined enough not to deviate from the agenda item;
    - contributing to discussions with Society not personal objectives in mind;
    - participating fully in the discussions concerning the implementation of policy agreed by Council, generating new ideas and building on those of others;

- clarifying the issues to be tackled and working with the Chair and Committee members to resolve them;
- ensuring clear and collective decisions have been reached and action points are attributable to individuals;
- monitoring, with others, implementation of established policies;
- working constructively as part of a team; and
- acting as unofficial 'mentor' to settle new Committee members in quickly and effectively.

**Skills & knowledge**

- Full understanding of the role of the Committee/knowledge of its subject area;
- Understanding of meeting etiquette;
- Time management skills; and
- Listening skills.

**Personal Qualities**

- Respects and listens to others, building on their ideas;
- Is open to new ideas, willing to learn and able to admit errors;
- Willing to compromise in order to reach a decision;
- Accepts collective responsibility for decisions made;
- Questions conclusions that are unclear; and
- Co-operates with others in a positive and constructive way to foster effective team-working.

**Generic role profile for Council Members as Officers**

**Responsibilities**

- Sets the parameters for the work of Council and Committees thus facilitating progress;
- Considers and takes decisions on matters referred to the Officers by Council;
- Considers highly sensitive matters relating to staff; and
- Considers policy development work.

**Skills & knowledge**

- Understands the objectives of the Society and identifies the key topical issues;
- Understands the range of the Society's activities and the role of directorates and staff;
- Understands the wider implications of the issues discussed;
- Thinks strategically and logically;
- Able to prioritise; and
- Communicates ideas and views effectively to others that need to know.

**Personal qualities**

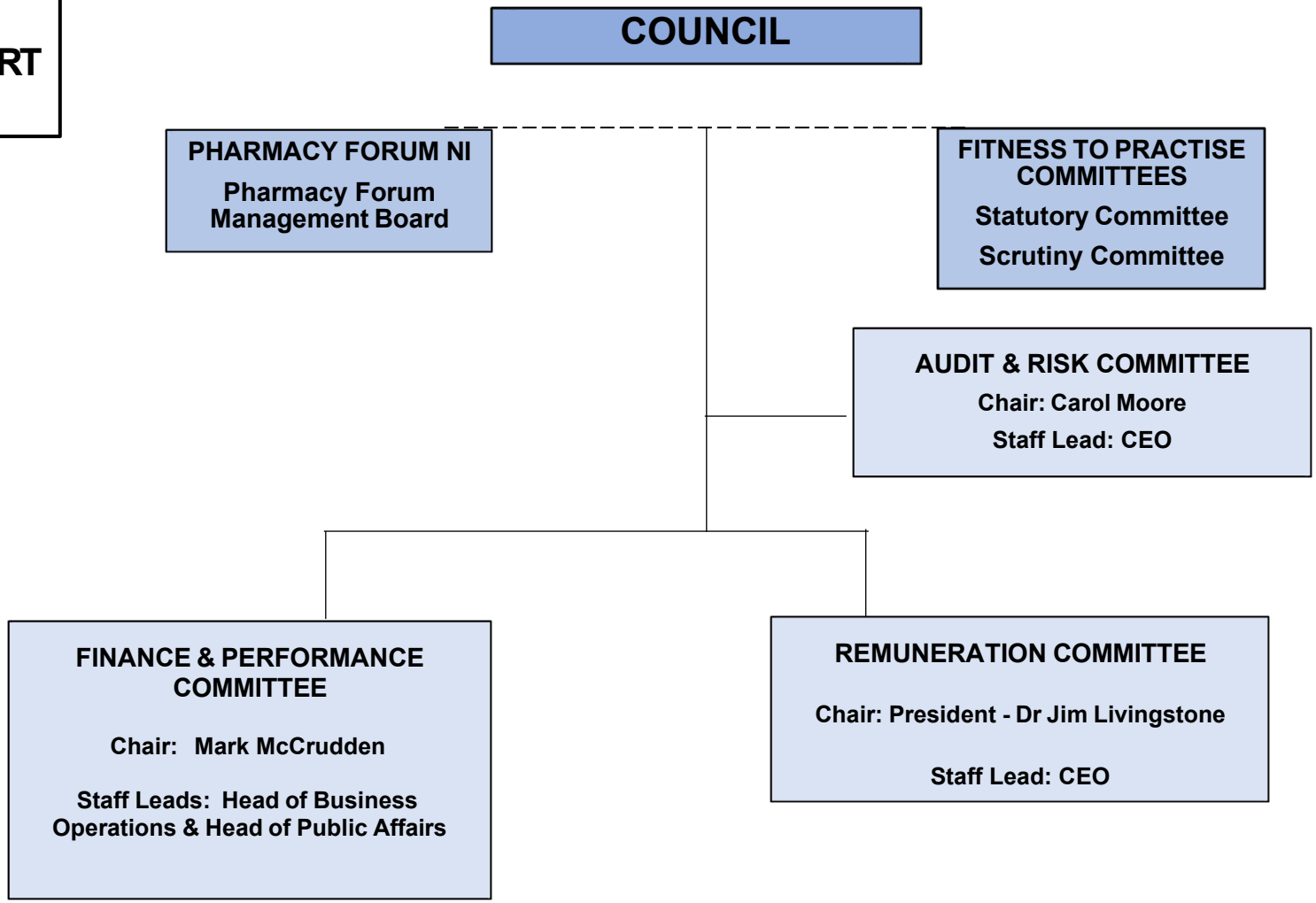
- Exercises diplomacy and maintains confidentiality;
- Negotiates and reaches agreement with others;
- Understands that the status of an Officer has implications owing to the particular regard given to the statements and actions of the Officers, who may be seen as the public voice of the Society.

# Appendix G

## Governance

1. Council – responsible for all the statutory duties of the organisation, delivery of professional leadership through a Scheme of Delegation to the Pharmacy Forum Board;
2. Professional– advisory committees to Council, the Pharmacy Forum having the additional duty of delivering professional leadership;
3. Finance & Performance Committee – responsible to Council for oversight of the effective deployment of resources in pursuit of statutory obligations – see TOR;
4. Audit and Risk Committee– responsible to Council for oversight of internal and external audits and to confirm to Council that adequate strategies are in place for the identification and management of risk- see TOR;
5. Remuneration Committee – responsible for advising, and making recommendation to, Council in the discharge of its responsibilities in relation to staff terms, conditions and benefits with specific responsibilities for the Senior Management Team and for the CEO, including appointment.

# COUNCIL ORGANISATION CHART




CEO – Chief Executive Officer
HBO – Head of Business Operations

HPA – Head of Public Affairs

# Appendix H

## Audit & Risk Committee Terms of Reference

### 1.0 Purpose

1.1 To provide assurance to Council on systems and processes concerned with risk management, governance, financial reporting and oversight of accounting, escalating relevant matters to Council in a timely fashion.

### 2.0 The Relationship with Council and competency

2.1 The Audit & Risk Committee is a Committee of the Council of the Pharmaceutical Society NI.

2.2 There will be a two-way link between the Council and the Audit & Risk Committee through an element of common membership. Minutes of the Audit & Risk Committee will be made available to members of the Council.

2.3 The Audit & Risk Committee corporately requires a range of competencies, as outlined in Appendix A – Competency Framework - to allow it to be effective in its functions. Each Committee member should either have or acquire these competencies as soon as possible after appointment to the Committee.

2.4 Where it is deemed necessary, Council members may be co-opted into the Committee or, subject to budget, external specialists/services may be engaged by the Committee, on a time-limited and non-voting basis, where specific skills or knowledge are required to inform the Committee's decision.

### 3.0 Membership, Chair & Quorum

3.1 Membership will consist of 4-6 Council Members including the Chair who will Chair the Committee meetings and be responsible for the conduct of the meeting.

3.2 The Chair and Members of the Committee will be appointed by the President and Vice-President for a period of up to 3 years, extendable by one additional period of 3 years. Membership expiration dates will be staggered to ensure continuity.

3.3 In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

3.4 A quorum of 50% is necessary for the transaction of business. Members' attendance via telephone or video-link is permissible for the purposes of determining a quorum.

3.5 A designated staff lead will be appointed to support the work of the committee but will have no voting rights. They will assist the Chair in drawing up the agenda, providing necessary papers/data and ensuring implementation of the Minutes and action logs.

3.6 Administrative support to the Chair and the Committee, including minuting of meetings and circulation of Committee papers, will be provided.

3.7 The Chair of the Audit & Risk Committee may not sit on any other Committee. Members of the Audit & Risk Committee may not chair any other formal Committee.

## 4.0 Meetings

4.1 The Audit & Risk Committee will meet at least three times during each financial year.

4.2 The annual timetable for Committee meetings will be agreed between the Chair and Staff Lead and the start of each year.

4.3 Council may request the committee to convene further meetings as necessary

## 5.0 Accountability & Reporting

5.1 The Audit & Risk Committee will be accountable to Council.

5.2 The Audit & Risk Committee will formally report back to the Council after each meeting by way of Minutes of the Committee Meeting and any additional verbal or written report deemed necessary by the Chair of the Committee.

5.3 The Chair of the Audit & Risk Committee will provide Council with an annual report summarising its conclusions from the work it has completed during the year, timed to support the finalisation of all audit activity and the finalisation of the organisation's Annual Report & Accounts.

## 6.0 Responsibilities

The Audit & Risk Committee will be responsible for:

6.1 Risk Management

6.1.1 reviewing the policies and process for identifying and assessing business risks and the management of those risks by the organisation and make recommendation for any necessary changes to Council; and

6.1.2 considering the effectiveness of the management of policies and processes for risk, control and governance including regular review of the Risk Register and escalate any issues to Council in a timely manner.

6.2 Governance

6.2.1 ensuring the regular review and ongoing maintenance of the Corporate Governance Handbook, ensuring adherence to same and making recommendations to Council for any necessary improvements in line with best practice;

6.2.2 External Audit

- making recommendation to Council on the appointment of an external auditor; and
- overseeing the external audit process.

6.2.3 Internal Audit

- appointing a suitably qualified internal auditor; delegated authority;
- overseeing the internal audit process;
- reviewing and agreeing the internal audit strategy and programme and, where appropriate, request that internal audit undertakes specific work;
- satisfying itself that the internal audit function is adequately resourced and has appropriate standing within the organisation;
- reviewing the annual audit report; and
- considering management's response to any internal audit recommendations.

6.2.4 Third party audits (e.g. PSA)

- considering reports
- monitoring management responses and escalating any significant issues to Council

6.3 Management

6.3.1 seeking assurance of compliance with statutory instruments and appropriate financial management systems and advising Council accordingly; and

6.3.2 carrying out any functions attributed to the Committee or Chair in the Whistleblowing Policy.

6.4 Annual Accounts and Financial Reporting

6.4.1 receiving the Annual Accounts and Annual Report from the Finance & Performance Committee with a view to recommending adoption to Council, considering external and internal audit reports and agreeing recommendations for approval to Council.

## 7.0 Performance Evaluation

7.1 The performance of Audit & Risk Committee and its members will be formally evaluated to ensure that the commitment and skills mix contributes and supports the objectives of the Council.

## 8.0 Terms of Reference Review

8.1 The Audit & Risk Committee Terms of Reference will be reviewed on a regular basis and at least every three years. Any recommendations for change will be submitted to the Council for approval.

## APPENDIX 1

## COMPETENCY FRAMEWORK

All members of the Audit & Risk Committee should have, or should acquire as soon as possible after appointment:

- understanding of the objectives of the organisation and its current significant issues and risks;
- understanding of the organisation's structure, including governance arrangements and key relationships such as that with the Department of Health;
- understanding of the organisation's culture;
- understanding of any relevant legislation or other rules governing the organisation; and
- broad understanding of the regulatory environment, particular accountability structure and current major initiatives.

The Audit & Risk Committee should corporately possess:

- knowledge/skills/experience (as appropriate) in:
    - governance;
    - accounting;
    - risk management;
    - internal/external audit; and
    - technical or specialist issues pertinent to the organisation's business.
- experience of the management of similar sized organisations;
- understanding of the wider relevant environments in which the organisation operates; and
- appreciation of the government environment and accountability arrangements.

The Audit & Risk Committee Chair should possess either a general financial background or recent service on an audit & risk committee.

# Appendix I

## Finance & Performance Committee Terms of Reference

### 1.0 Purpose

1.1 To provide assurance to Council on efficient and effective budgetary, financial and performance management in delivery of strategic goals and objectives.

### 2.0 The Relationship with Council and competency

2.1 The Finance & Performance Committee is a Committee of the Council of the Pharmaceutical Society NI. This Committee will corporately have an appropriate skills' mix to allow them to carry out their overall function.

2.2 There will be a two-way link between the Council and Minutes of the Finance & Performance Committee will be made available to members of the Council.

2.3 The Finance & Performance Committee corporately requires a range of competencies, as outlined in Appendix A – Competency Framework - to allow it to be effective in its functions. Each Committee member should either have or acquire these competencies as soon as possible after appointment to the Committee.

2.4 Where it is deemed necessary, Council members may be co-opted into the Committee or, subject to budget, external specialists/services may be engaged by the Committee, on a time-limited and non-voting basis, where specific skills or knowledge are required to inform the Committee's decision.

### 3.0 Membership, Chair & Quorum

3.1 Membership will consist of 4-6 Council Members including the Chair who will chair the Committee and will be responsible for the conduct of the meeting.

3.2 The Chair and Members of the Committee will be appointed by the President and Vice-President for a period of up to 3 years, extendable by one additional period of 3 years. Membership expiration dates will be staggered to ensure continuity.

3.3 In the absence of the Committee Chair, the remaining members present shall elect one of their number to chair the meeting.

3.4 A quorum of 50% is necessary for the transaction of business. Members' attendance via telephone or video-link is permissible for the purposes of determining a quorum.

3.5 A designated staff lead will be appointed to support the work of the committee but will have no voting rights. They will assist the Chair in drawing up the agenda, providing necessary papers/data and ensuring implementation of the Minutes and action logs.

3.6 Administrative support to the Chair and the Committee, including minuting of meetings and circulation of Committee papers, will be provided.

## 4.0 Meetings

4.1 Meetings of the Finance & Performance Committee will be held as required with the Committee meeting at least three times during each financial year.

4.2 The annual timetable for Committee meetings will be agreed between the Chair and Staff Lead and the start of each year.

4.3 Council may ask the Finance & Performance Committee to convene further meetings to discuss particular issues on which they require the Committee's advice.

## 5.0 Accountability & Reporting

5.1 The Finance & Performance Committee will be accountable to Council.

5.2 The Finance & Performance Committee will formally report back to the Council after each meeting by way of Minutes of the Committee Meeting and any additional verbal or written report deemed necessary by the Chair of the Committee.

5.3 The Chair of the Finance & Performance Committee will provide Council will an annual report, timed to support the finalisation of the Annual Report & Accounts, and summarising the Committee's conclusions from the work it has completed during the year.

## 6.0 Responsibilities

The Finance & Performance Committee will be responsible for:

6.1 <u>Budgeting & Financial Performance</u>

6.1.1 scrutinising the annual budget and operational plan prepared by the Executive Team and advising Council on their adoption;

6.1.2 reviewing management accounts and monitoring performance against the financial and resource objectives approved in the operational plan and budget;

6.1.3 reviewing, financial forecasts, annual or interim financial statement and monitor operational financial performance against the operational plan;

6.1.4 satisfying itself that appropriate arrangements exist to identify and mitigate significant financial and performance related risks; and

6.1.5 satisfying itself that appropriate arrangements exist to identify and mitigate significant financial risks associated with the Pharmacy Forum.

**Delegated authority**

6.1.6 authorising unbudgeted spending in accordance with the limitations below:

6.1.6.1 a maximum of £5,000 per event against any budget head for operational reasons; and

6.1.6.2 a maximum authority of £15,000 cumulative in any given financial year.

6.1.7 approving changes to individual budgetary heads within the overall agreed budget.

6.2 Financial Strategy

6.2.1 providing advice to Council on a suitable/appropriate financial strategy for approval, reviewing and monitoring compliance with same and escalating any significant issues to Council; and

6.2.2 advising Council on and reviewing the investment policy, including risk appetite, investment parameters and ethical policy and advising Council on the adoption of any proposed changes.

6.3 Financial Reporting

6.3.1 providing an Annual Report and Accounts to the Audit & Risk Committee; and

6.3.2 providing Council with report on budget, cash flow and forecasts at intervals determined by Council.

6.4 Performance

6.4.1 providing advice to Council on suitable strategic KPIs for approval;

6.4.2 reviewing and monitoring performance against KPIs and escalating any significant issues to Council;

6.4.3 providing advice to Council on appropriate HR and ICT policies for approval;

6.4.4 monitoring performance against approved policies and escalating any significant issues to Council; and

6.4.5 reviewing the effectiveness of policies and procedures for measuring Council's and Council members' performance and providing advice to Council on improvements.

## 7.0 Performance Evaluation

7.1 The performance of Finance & Performance Committee and its members will be formally evaluated to ensure that the commitment and skills mix contributes and supports the objectives of the Committee.

## 8.0 Terms of Reference Review

8.1 The Finance & Performance Committee Terms of Reference will be reviewed on a regular basis and at least every three years. Any recommendations for change will be submitted to the Council for approval.

## APPENDIX 1

## COMPETENCY FRAMEWORK

All members of the Finance & Performance Committee should have, or should acquire as soon as possible after appointment:

- Understanding of strategic management
- Understanding of performance management including:
    - setting and monitoring KPIs;
    - HR performance management tools; and
    - IT performance management.
- Understanding of financial management including:
    - budgeting;
    - cash flow, bank reconciliations and forecasting; and
    - investment strategy.
- Understanding of Standards of Good Regulation.

The Finance & Performance Committee Chair should possess:

- at least 5 years' experience in a key financial/performance management/accounting role.

# Appendix J

## Remuneration Committee Terms of Reference

### 1.0 Purpose

1.1 To support and advise Council in discharging its responsibilities by keeping under review terms, conditions and benefits for staff with specific responsibilities for the Senior Management Team and for the CEO, including appointment.

1.2 To make recommendations to Council, where necessary.

### 2.0 The Relationship with Council

2.1 The Remuneration Committee is a Committee of the Council of the Pharmaceutical Society NI. This Committee will corporately have an appropriate skills' mix to allow them to carry out their overall function.

2.2 There will be a two-way link between the Council and the Remuneration Committee through an element of common membership. The Remuneration Committee will report back to the Council in order that the whole Council may consider the advice provided by the Remuneration Committee, and an element of common membership helps ensure that the Remuneration Committee views are properly represented in Council discussions. Minutes of the Remuneration Committee will be made available to members of the Council.

2.3 The Remuneration Committee corporately requires a range of competencies to allow it to be effective in its functions. These competencies will include, at least, understanding the employment environment, appraisal system and disputes process.

### 3.0 Membership, Chair & Quorum

3.1 Membership will consist of four Council Members including the President and Vice President. The President will chair the Remuneration Committee meetings.

3.2 Members of the Committee will be appointed by the President and Vice-President for a period of up to 3 years, extendable by one additional period of 3 years. Membership expiration dates will be staggered to ensure continuity.

3.3 In the absence of the President, the Vice-President shall chair the meeting.

3.4 Subject to 3.3 above, a quorum of 50% is necessary for the transaction of business. Members' attendance via telephone or video-link is permissible for the purposes of determining a quorum.

3.5 Attendance at Remuneration Committee meetings will be limited to its Committee members unless otherwise advised by the Chair of the Committee.

3.6 The Chair of the Committee may ask any member of the staff or an external party to attend a Remuneration Committee meeting to assist it with its discussions on any particular matter.

3.7 Where the Chair of the Committee deems it appropriate, decisions may be taken by email. An audit trail of decisions taken by email will be maintained by the Head of Business Operations.

3.8 In the instance of a tied vote and where the Committee has the authority to make a final
decision, the Chair will have the casting vote. In the instance of a tied vote where a recommendation is being made to Council, the outcome of the vote will be reported to Council.

## 4.0 Meetings

4.1 Meetings of the Remuneration Committee will be held as required with the Committee meeting at least once during each financial year.

## 5.0 Committee Support

5.1 The committee may seek support for meetings and activities via the Head of Business Operations.

## 6.0 Accountability & Reporting

6.1 The Remuneration Committee will be accountable to Council.

6.2 The Remuneration Committee will formally report back to the Council after each meeting by way of Minutes of the Committee Meeting and any additional verbal or written report deemed necessary by the Chair of the Committee.

6.3 The Chair of the Remuneration Committee will provide Council will an annual report summarising the Committee's conclusions from the work it has completed during the year.

## 7.0 Responsibilities

The Remuneration Committee will be responsible for:

7.1 recommending to Council the appointment of the CEO including associated terms, conditions and remuneration in accordance with Council policy;

7.2 recommending to Council the arrangements and quantum of any annual adjustment of salaries for staff;

7.3 Recommending to Council any adjustments to the CEO's salary outside an annual adjustment and approving any recommendations by the CEO to Senior Management Team salaries outside an annual adjustment, taking account of relevant KPIs; and

7.4 recommending to Council changes to organisational terms, conditions and benefits for all staff.

## 8.0 Performance Evaluation

8.1 The performance of Remuneration Committee and its members will be formally evaluated to ensure that the commitment and skills' mix contributes and supports the objectives of the Committee.

## 9.0 Terms of Reference Review

9.1 The Remuneration Committee Terms of Reference will be reviewed on a regular basis and at least every three years. Any recommendations for change will be submitted to the Council for approval.

# Appendix K

## Functions of lead staff members on Committees

Lead staff members will normally be members of the Senior Management Team.

1. **Strategy** – lead staff member for relevant part of strategic plan including production of sub-ordinate balanced scorecard, reporting progress against relevant measures and targets from the Council Balanced Scorecard highlighting any barriers or issues arising;
2. **Meeting dates and times** – agree with the Chair a schedule of meetings and where necessary any date or time alterations;
3. **Agenda** – agree agenda content, priorities and any associated papers with the Chair – where necessary, meet or discuss before each meeting priorities and ensure contributors are briefed on any issues arising;
4. **Presentations** – arrange for relevant staff to attend to present papers or other materials, as required;
5. **Administration** – ensure administrative support is available to prepare and distribute papers, provide catering as required, take notes and action points and distribute same within agreed timeframes – the Chair is responsible for ensuring that Committee members understand and comply with timeframes;
6. **Resourcing** – identify any resourcing issues that arise in meetings for consideration by the Committee and remit to the Chief Executive by exception, where necessary; to prioritise staff activity; and
7. **Provide advice to the Committee**, particularly in specialist areas for example legislation, best practice, PSA issues, etc.

# Appendix L

## Register of Interests, Gifts & Hospitality

The purpose of this Register is to enable members of Council to make a clear declaration of any interests, gifts or hospitality that could, or could be thought to, affect their performance of their Council duties. Declaration of an interest does not necessarily prevent a member of Council from speaking on a subject related to that interest but it ensures that there can be no perception that the member of Council may be seeking improperly to influence Council decisions for personal benefit. Each member of Council is responsible for ensuring that any amendment to the Register is made.

The Register is available for inspection by members of Council at any time. In December 2003, Council agreed the publication scheme for the Society as required by the Freedom of Information Act 2000. The scheme indicates what information will be made available to the public. Accordingly, members of the public will be able to request to see the Register of Interests, Gifts and Hospitality for Council members from 1 January 2005.

For clarity, if you have nothing to register for any section, it is necessary to make a nil declaration by writing “Nothing to declare” or “None” under each relevant heading.

**The Council of the Pharmaceutical Society NI**
**Register of Interests**

**1. Full Name**

| |
|---|
| |

**2. Employment**

Please list full and part-time employment, giving details of employer(s) and the nature of duties, including paid directorships of companies (public and/or private), full-time paid employment including self-employment and part-time paid employment. If not applicable, please state “None”.

| |
|---|
| |

**3. Offices held for which you are paid**

Please list offices held for which you are paid. Where this includes membership of organisations associated with health or healthcare, science or pharmaceutical education or other public service offices, please indicate the nature of such membership and any office held. If not applicable, please state “None”.

| |
|---|
| |

**4. Other Paid Activity**

Please include consultancies, self-employed contract work and contributions to professional and scientific publications for which you are paid. If not applicable, please state “None”.

**5. Sponsorship**

Please include any awards, sponsorships, bursaries, grants for research, etc. If not applicable, please state “None”.

**6. Unpaid Offices Held**

Please list offices held. Where this includes membership of organisations associated with health or healthcare, science or pharmaceutical education or other public service offices, please indicate the nature of such membership and any office held. If not application, please state “None”.

**7. Unpaid Memberships**

Please include membership of organisations, committees, etc, not listed above. If not applicable, please state “None”.

**8. Family Interests**

Please list any financial interests of yourself of close family members that might be considered relevant to your position as a member of Council. If not applicable, please state “None”.

**9. Beneficial Interests in Shareholdings**

Please list the names of companies or other bodies in which you have, either on your own behalf or on behalf of a spouse or infant children, a beneficial interest in shareholding of a nominal value greater then one-hundredth of the issued share capital. If not applicable, please state “None”.

**Signed:** _____

**Print Name:** _____

**Date:** _____

**Revised on: (if applicable)** _____

**Register of Gifts and Hospitality**

| |
|---|
| **Name:** |
| **Date of Acceptance:** |
| **Received from:** |
| **Gift/ Hospitality received:** |
| **Date recorded:** |
| **Signature:** |

# Appendix M

## Code of Conduct for Council Members

### Declaration

1. Members of Council must at all times while acting in that capacity ensure that all their activities are directed toward the fulfilment of the Pharmaceutical Society of Northern Ireland's objectives, the responsibilities specified in legislation, and the interests of the public.
2. Members of Council must respect the confidentiality of information identified as confidential, acquired by them solely by virtue of their position as such.
3. Members of Council must not make use of information acquired solely by virtue of their position as such for personal gain, whether financial or non-financial.
4. Members of Council must not use their position as such to seek influence the conduct of any aspect of the Council's business for the benefit of any individual, body corporate or other association rather than for the benefit of the profession as a whole.
5. Members of Council must not use their position to promote their personal, professional or business interests.
6. Members of Council must ensure, when speaking in their capacity as such at any meetings of the Council, its committees or outside, that they declare any personal or business interests relevant to the matter in hand.
7. Members of Council must avoid any conduct that impairs the ability of the Council to perform its functions or to enjoy the confidence of the public, the profession or government.
8. Members of Council must ensure that the funds of the Pharmaceutical Society Northern Ireland are properly applied to the furtherance of the Objectives of the Pharmaceutical Society of Northern Ireland.
9. Members of Council must ensure that entries relating to them in the Registers of Interests and of Gifts and Hospitality are accurate, complete and up to date.
10. Members of Council must ensure that prompt and effective action is taken through appropriate channels to investigate and allegation of maladministration within the Pharmaceutical Society Northern Ireland reported to them.
11. Any member of Council that wishes to engage in litigation against the Pharmaceutical Society of Northern Ireland, the Council or any member thereof, or any officer or employee of the Pharmaceutical Society Northern Ireland in their capacity as such must resign from the Council before taking such action.

12. Members of Council must comply with the Pharmaceutical Society of Northern Ireland's Equal Opportunities Policy, Equality and Diversity Policy and Statement on Harassment and Bullying, Whistleblowing, Anti-Fraud and Expenses.

**I hereby declare that I have received the above copy of the Code of Conduct (version 2014 (1) September 2014) for Council members and have read it.**

**Name** _____

**Signature** _____

**Date** _____

# Appendix N

## The Nolan Committee Principles of Public Life

1. **Selflessness**

   Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

2. **Integrity**

   Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

3. **Objectivity**

   In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. **Accountability**

   Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. **Openness**

   Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. **Honesty**
   Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. **Leadership**

   Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Committee has set them out here for the benefit of all who serve the public in any way. [Excerpt from the Nolan Committee's First Report on Standards in Public Life, 1995]

# Appendix O

## Equal Opportunities Policy

### 1. Policy Statement

The Society believes that all decisions about people at work should be based on the individual's abilities, skills, performance and behaviour, and the Society's business requirements. Questions of an individual's race*, ethnic origin, colour, gender, marital status, age, religion, membership or non-membership of a trade union or sexual orientation are never relevant to its business. Issues of disability should only be considered against the particular requirements of the job.

The Society's equal opportunities policy applies to decisions about recruitment, selection, promotion, training and development, pay, employment benefits, discretionary or otherwise, conditions of employment and the allocation of work to employees in all parts of the Society and at all levels.

The Society's equal opportunities practices and policies must be strictly adhered to by all employees. Discrimination, abuse, or failure to observe Society policy and practice may result in disciplinary action being taken, including summary dismissal in serious cases.

### 2. Harassment

The Society wants to provide an environment which respects the dignity of individuals at work. Harassment, victimisation or bullying of individuals based on any of the issues listed in the Equal Opportunities Policy statement above is neither permitted nor condoned by the Society.

Harassment may involve unwanted/unnecessary physical contact, words, writing or pictures; or isolation or non-co-operation, coercion or intrusion by pestering or spying. Any of these behaviours will always be viewed extremely seriously, and a single serious incident can result in summary dismissal for gross misconduct.

### 3. Responsibility for the Equal Opportunities Policy

All employees are expected to act in accordance with this policy. They must be aware of the implications of equal opportunities legislation when carrying out their duties. Employees contravening this policy may face disciplinary action and may also find themselves required to pay compensation as a result of legal action taken against them by aggrieved individuals.

## 4. Complaints of discrimination

If employees believe that the Equal Opportunities Policy is not being followed and informal attempts to resolve the issue have failed or are inappropriate in the circumstances, the matter should be raised through the Grievance Procedure. (see Staff Handbook Section?).

Employees may always contact their manager or, formally or informally, and in confidence if they wish, to discuss their situation. It is helpful to raise these problems at an early stage.

These internal procedures do not replace or detract from the right of the employees to pursue complaints under the Sex Discrimination (Northern Ireland) Order 1976, the Disability Discrimination Act 1995, the Race Relations (Northern Ireland) Order 1997 and the Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003 to an industrial tribunal or, under the Fair Employment and Treatment (Northern Ireland) Order 1998, to a Fair Employment Tribunal

## 5. People with Disabilities

The criteria, which the Society applies to prospective employees who are disabled, are that they should be capable of filling the post to a satisfactory standard and without endangering themselves or other people. The Society will attempt to make reasonable adjustments to promote job opportunities and remove barriers for people with disabilities or for employees who become disabled.

## 6. Equal opportunities monitoring

In order to measure the success of the policy, equality monitoring is undertaken for all Society employees and prospective employees. The statistics produced are published annually.

## 7. Equal Opportunities Training

All employees should gain an understanding of the Society's Equal Opportunities Policy and the Society will endeavour to cover this area as part of each new employee's induction programme.

* Irish Travellers are recognised by the Race Relations (Northern Ireland) Order 1997 as being members of a racial group.

# Appendix P

## Equality & Diversity Policy

### Equality and Diversity Policy

The Pharmaceutical Society of Northern Ireland is firmly committed to eliminating discrimination and promoting diversity in all areas of our work. We believe that we have much to learn and profit from diverse cultures, experiences and perspectives, and that diversity will make our organisation more effective in meeting the needs of all our stakeholders.

The Equality and Diversity Policy underpins all our other policies and procedures. All organisation policies, remuneration opportunities, hours of work, performance review schemes, disciplinary or other procedures, and benefits are designed to promote equal opportunity and protection for all staff, contractors and volunteers.

We believe that diversity is a means to achieve our ambitions. Diversity is about outreach, inclusion and service delivery as well as the people we employ and involve in our work.
Whilst the Pharmaceutical Society of Northern Ireland is not a public authority, and therefore not subject to Section 75 of the Northern Ireland Act 1998, the organisations seeks to maintain high standards in the application of equality and diversity to all its functions.

### Principles of the Equality and Diversity Policy

The Equality and Diversity Policy is based on the following fundamental principles:

- All staff members, Council members, committee members, registrants and members of the public are entitled to be treated fairly, regardless of gender, sexual orientation, age, parental or marital status, disability, religion, colour, race, ethnic or national origins, or socio/economic background
- All registrants and members of the public should be afforded equal opportunity to access the services of the Pharmaceutical Society of Northern Ireland
- It is the responsibility of everyone in the organisation to ensure that no form of discrimination is tolerated
- No individual (and/or their family) who raises a concern in good faith should be treated unfairly as a result of raising the concern

## Aims of the Equality and Diversity Policy

The overall aim of the Society's Equality and Diversity policy is to:

- Eliminate unlawful discrimination
- Ensure that we treat all individuals fairly, with dignity and respect
- Promote equality of opportunity
- Promote equality of access
- Provide a safe, supportive and welcoming environment - for staff, contractors, Council Members, registrants, visitors and the public at large.
- Integrate our values into our work

This policy applies to every employee, prospective employee, Council and Committee Member or person connected with the Pharmaceutical Society of Northern Ireland, and to the services we provide to registrants and the public.

## Equality and Diversity Policy in the workplace

The Pharmaceutical Society of Northern Ireland is committed to providing equal opportunities in employment and demonstrating that we value the diversity of our workforce. In order to ensure that equality underpins all aspects of our employment policies, procedures and practices, we will:

- Not unfairly discriminate against any job applicant or employee and, when recruiting, only consider factors which are relevant to someone's ability to perform the job well
- Treat all employees and job applicants fairly in relation to all our employment policies and procedures and meet any reasonable and appropriate additional needs they may have
- Value and respect the identities and cultures of our staff
- Maintain a workplace that is free from discrimination, bullying and harassment and act promptly on any complaints of discrimination, bullying, harassment or victimisation
- Provide a safe working environment, in which individual differences and contributions of all our staff are recognised and valued
- Make the workplace, and information about work, as accessible as we can for all our employees
- Give our employees clear information about job selection and training and encourage all employees to reach their full potential
- Make sure that we work according to the relevant employment legislation and statutory codes of practice
- Continue to develop good practice employment policies and procedures over and above those required by legislation

- Apply this Equality and Diversity Policy through the organisation's recruitment and selection process; training programmes; grievance procedures and all other employment policies
- Apply this Equality and Diversity Policy through the organisation's registration, education and fitness to practise procedures
- Do all we can to give employees and job applicants, registrants and the public, Council members and prospective Council Members, access to complaint procedures if they feel unfairly treated

**Equality and Diversity policy for registrants and the public**

Service users and potential service users can expect the Pharmaceutical Society of
Northern Ireland to:

- Design and deliver appropriate, accessible and effective services to all members of the community
- Work in partnership with others to promote equality and diversity
- Make sure that we provide services that comply with relevant legislation and statutory codes of practice
- Continue developing good practice policies and procedures over and above that required by legislation
- Act promptly if we receive any complaints about the way we provide services

**Status of the Equality and Diversity policy**

This policy forms part of the formal contract of employment for staff and part of the formal declaration of conduct of Council and Committee members upon taking up office. All members of the organisation must abide by this policy - albeit that those in senior or managerial positions or with specific responsibilities for recruitment, selection, training, appraisal and promotion should be especially mindful of the policy. Any failure to comply could result in disciplinary proceedings.

**Implementing the Equality and Diversity policy**

The Pharmaceutical Society of Northern will make its Equality and Diversity Policy fully effective by:

- Actively promoting it
- Regularly monitoring and reviewing all job selection procedures and criteria and amending them if they result in unfair discrimination
- Making sure that all employees and job applicants, Council and Committee Members and prospective Council Members know about this policy
- Taking appropriate action, using agreed procedures, if any employee Council or Committee Member breaches this policy

**Means of Assessing Equality and Diversity Impacts**

Equality of opportunity will be promoted between:-

- persons of different religious belief, political opinion, racial group, age, marital status and sexual orientation;
- between men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without

When reviewing policy, procedures and services for their impact on equality, it is with these categories in mind that an assessment will be produced.
More information on the definition of these equality categories can be found in the “examples of equality categories” section of this policy.

**Managerial Responsibility for implementing the policy**

The Chief Executive has lead responsibility for implementing and monitoring this policy, but all employees, ftp and other committee members and Council Members have a responsibility to adhere to it in all areas of their work, individually and collectively. Managers must ensure that their staff are aware of the Equality and Diversity policy.
Managers who deal with breaches to this policy must do so seriously, speedily, sensitively and confidentially.

**Individual Responsibility for implementing the policy**

All employees; FTP and other committee members and Council members have responsibility for implementing, monitoring and promoting this policy.

All employees Council and Committee members should:

- Ensure that they understand the Society’s Equality and Diversity policy and are clear about is implications i.e. that any breach of the policy will be treated seriously and may lead to disciplinary action not excluding the sanction of dismissal;
- Ensure that they do not discriminate in any matter of employment, decision-making, or service provision by treating all individuals or groups fairly and respectfully;
- Not discriminate against, harass, abuse, intimidate or victimise other employees or service users;
- Not induce or attempt to induce other employees to discriminate against, harass, intimidate or victimise other employees or service users;
- Take appropriate action if there are apparent breaches of the Equality and Diversity Policy. If an employee does not follow these and other requirements

of the Equality and Diversity Policy, it will be dealt with under the Disciplinary Procedure. For Breaches by Council and committee members the relevant disciplinary procedure should be followed.

**Monitoring the Policy**

The Chief Executive or his appointed deputy will review the Equality and Diversity Policy at least annually, to ensure it is appropriate and responsive to relevant legislation. Amendments to the Policy will be made, where appropriate, in the light of experience or changes in guidance and/or legislation.

**Legislative Guidance**

The Equality and Diversity Policy has been developed within the framework of existing equality and diversity legislation. The above commitment to continual evaluation of the Society's equality and diversity policy will ensure that all new or anticipated legislation will be reviewed and incorporated within the policy as appropriate.

Existing legislation within which the policy has been developed include:

- The Equal pay Act 1970
- The Rehabilitation of Offenders Act 1974
- The Sex Discrimination Act 1975 (&1986)
- The Race Relations Act 1976 (Amendments 2000 & 2003)
- The Employment Protection (Consolidation) Act 1978
- The Trade Union and Labour Relations (Consolidation) Act 1992
- The Disability Discrimination Act 1995 (Amendments 2004)
- The Employment Rights Act 1996
- The Protection from Harassment Act 1997
- The Human Rights Act 1998
- The Children Act 1998
- The Northern Ireland Act 1998
- The Fair Employment and Treatment (Northern Ireland) Order 1998
- The Employment Relations Act 1999
- The Employment Act 2002
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- The Gender Recognition Act 2004
- The Civil Partnership Act 2004
- Employment Equality (Age) Regulations 2006

**Examples of Equality Categories Used in Equality Impact Assessments**

Below are examples of groups included within the equality categories that will be referred to in any equality impact assessment conducted by the Society. It is to be stressed that this is presented by way of illustration and is not intended to be exhaustive or definitive. The examples are largely cited from guidance from the Equality Commission for Northern Ireland for bodies conducting equality assessments in Northern Ireland and the particular circumstances that exist therein.

| **Category** | **Examples of Groups** |
|---|---|
| **Age** | For most purposes, the main categories are:<br>• Those under 18;<br>• people aged between 18 and 65; and<br>• people over 65.<br>However, the definition of age groups will need to be sensitive to the policy under consideration. For example, (i) in relation to employment policies the middle aged are often a vulnerable group, pensionable age is different for men and women and legal ages for working and voting vary; (ii) in relation to policies concerning young people narrower age bands are likely to be more appropriate. |
| **Marital status** | Married people; unmarried people; divorced or separated people; widowed people. |
| **Men and women generally** | Men (including boys); women (including girls); transgender people; transsexual people. |
| **Persons with a disability** | Persons with a disability as defined in Sections 1 and 2 and Schedules 1 and 2 of the Disability Discrimination Act 1995. |

| | |
|---|---|
| **Persons with dependants** | Persons with primary responsibility for the care of a child; persons with personal responsibility for the care of a person with a disability; persons with primary responsibility for the care of a dependant elderly person. |
| **Political opinion** | Unionists generally; Nationalists generally; members/supporters of any political party; other. |
| **Racial group** | Chinese; Irish Traveller; Indian; Pakistani; Bangladeshi; Black African; Black Caribbean; White; mixed ethnic group; any other ethnic group; nationality. |
| **Religious belief** | Protestant; Catholic; Hindu; Jewish; Islam / Muslim; Sikh; Buddhist; other religion; people of no religious belief. |
| **Sexual orientation** | Gay; lesbian; bisexual; heterosexual. |

# Appendix Q

## Harassment and Bullying Statement

### 1. Scope

1.1 **This policy applies to all employees of the Pharmaceutical Society NI.**

### 2. Purpose

2.1 The purpose of this policy is to ensure that all employees of the Pharmaceutical Society NI are protected from bullying and/or harassment in the workplace and that there are procedures in place to effectively manage any incident of bullying or harassment.

### 3. Introduction

3.1 The Pharmaceutical Society NI is committed to providing a working environment free from bullying and harassment. We aim to ensure that all staff are treated, and treat others, with dignity and respect. This policy covers bullying or harassment which occurs at work and outside of the workplace, including occurrences during work trips or at work-related events or social functions.

### 4. What is harassment?

4.1 Harassment is any unwanted conduct that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

4.2 A single incident can amount to harassment. A person may be harassed even if they are not the intended "target". Harassment also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

4.3 It is unlawful under the Northern Ireland Act 1998 Section 75 to harass a person because of their age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation. It also includes conduct of a sexual nature (sexual harassment). Harassment is unacceptable even if it does not fall within any of these categories.

4.4 Examples of harassment include but are not limited to:

- unwanted physical conduct including touching, pinching, pushing and grabbing;
- unwelcome sexual advances or suggestive behaviour;
- offensive e-mails, text messages or social media content or the display of offensive materials;
- unwanted jokes, banter, mocking, mimicking or belittling a person.

## 5. What is bullying?

5.1 Bullying is offensive, intimidating, malicious or insulting behaviour, and/or an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient. Bullying can include the use of personal strength or the power to coerce through fear or intimidation, not necessarily from someone in a position of authority. Bullying may be physical, verbal or non-verbal. It can include conduct that is not face-to-face including via text message, email and social media. Examples of bullying include:

- physical or psychological threats;
- overbearing and intimidating levels of supervision;
- inappropriate derogatory remarks about a person or their performance;
- shouting at staff;
- persistently picking on people in front of others or in private;
- blocking promotion and training opportunities;
- regularly and deliberately ignoring or excluding staff from work activities or work-related social events;
- setting a person up to fail by overloading them with work or setting impossible deadlines;
- regularly making the same person the butt of jokes.

Legitimate and reasonable criticism of a staff member's performance or behaviour, or reasonable management instructions, do not amount to bullying.

## 6. Breaches of this Policy

6.1 Bullying and harassment are not tolerated in our workplace and all staff are required to treat each other, along with our service users, suppliers, and visitors with dignity and respect. Breaches of this policy will be dealt with in accordance with our disciplinary procedures. Serious cases of bullying or harassment may amount to gross misconduct resulting in dismissal.

6.2 Staff who make complaints or who participate in good faith in any investigation must not suffer any form of retaliation or victimisation as a result. However, making a false allegation deliberately and in bad faith will be treated as misconduct and dealt with under our disciplinary procedures. Anyone found to have retaliated against or victimised someone in this way will be subject to disciplinary action under our disciplinary procedure.

## 7. If you believe you are being harassed or bullied

7.1 If you believe you are being harassed or bullied, you may wish to raise the problem informally with the person responsible. Explain the situation and how it has made you feel. It can be helpful to describe the event so the other person is clear about your concerns. Use the opportunity to ask the person to change or stop their behaviour.

7.2 Alternatively, you may speak to your manager who can provide confidential advice and assistance in resolving the issue formally or informally. If you do not feel that informal steps are appropriate, or they have been unsuccessful, you should raise the matter formally under our grievance procedure.

7.3 All complaints will be investigated in accordance with our grievance procedure. If we consider that there is sufficient evidence to suggest you have been harassed or bullied, we will consider the appropriate action to take. If the person accused is an employee, this may include invoking our disciplinary procedure.

7.4 Whether or not your complaint is upheld, we will consider how best to manage any ongoing working relationship between you and the person concerned.

# Appendix R

## Expenses Policy - Procedure for Claiming Expenses

**IMPORTANT GUIDELINES** **Appears to be missing text re claiming for travel expenses to University Street**

The organisation will reimburse you for approved expenses wholly and necessarily incurred in the course of your work on its behalf which must be supported by receipts where necessary Any expenditure not clearly falling within the procedures set out in this policy must be authorised in advance by the person subsequently approving the expenditure. It is not the purpose of expense payments to provide you with an incentive or reward for non-standard duties or activity. The amount of any expenses payment will be the additional costs incurred as a result of you undertaking the business of the organisation.

Expenses will be paid in accordance with the regulations and interpretation of the Inland Revenue or suspended, if necessary, at its instruction.

Any special ad hoc arrangements made to suit particular circumstances will not be considered to set any form of precedent.

You will be entitled to claim the following providing they are reasonable, and the appropriate documentation has been completed and supporting receipts submitted: Journeys to a permanent workplace cannot normally be claimed for

- **Cars** – to be used in exceptional circumstances when other modes of transport are not feasible.- mileage at the rate notified and all necessary parking charges and unavoidable tolls. (You are responsible for any fines or penalties incurred);
    - **Trains/ buses** / **flights** – standard class fare**;**
- **Accommodation** – normal hotel accommodation up to £100 (£150 London and other major cities) will be reimbursed. Prior approval by the CEO will be required if this limit is to be exceeded;
    - **Meals** – Normally breakfast should not exceed £15, lunch £20 and dinner £30 this should include any beverages. Reimbursement will be on the basis of the actual receipted expenditure up to the maximum shown. Dinner should only be claimed for overnight stays or where activity away from the workplace is expected to last until after 8.30 pm. Where activity at the workplace is expected to last until after 8.30 and catering has not been provided up to £10 may be claimed for an evening meal.

You are expected to use the most cost-effective transport, methods and routes when travelling to carry out your duties, having regard to the timing and location of the event.
All expense claims must be submitted in the appropriate signed form within 3 months of the expenditure. Claims received after this time will not be paid.

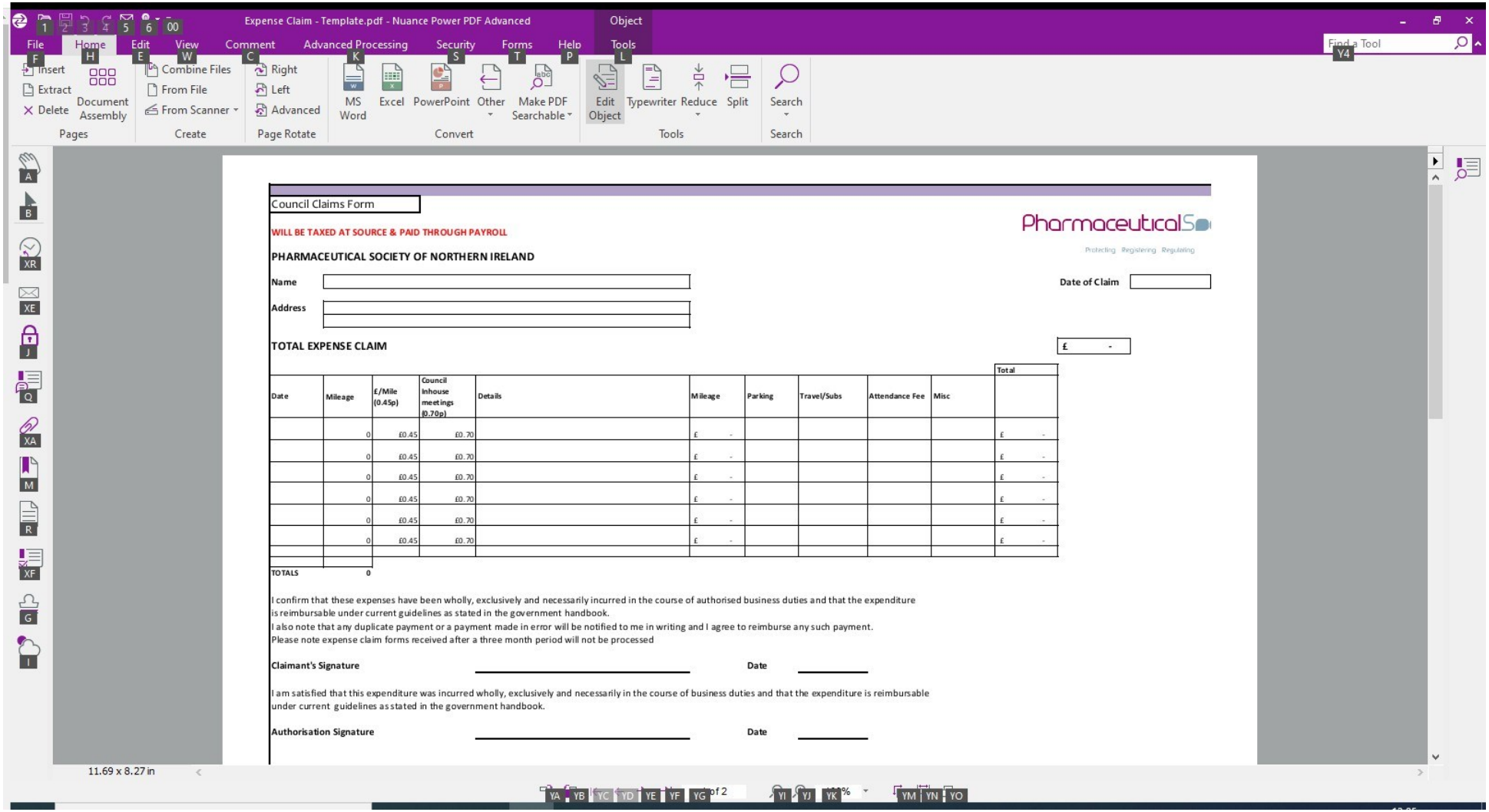
**Approval of expenses**: The Chief executive shall hold overall responsibility for the expenses policy. Expenses will normally be approved by line managers in the case of employees and by the business manager in the case of office holders.

**WARNING**

Payment of your expense claims will be delayed or withheld if not properly substantiated.

Fraudulent claims will result in disciplinary action which could result in your dismissal**.**

A copy of the expense claim form can be obtained from the Business Manager.


Expense Claim - Template.pdf - Nuance Power PDF Advanced
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Other
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Edit Object
Typewriter
Reduce
Split
Tools
Search
Search
Council Claims Form
WILL BE TAXED AT SOURCE & PAID THROUGH PAYROLL
PharmaceuticalSo
Protecting Registering Regulating
PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND
Name
Date of Claim
Address
TOTAL EXPENSE CLAIM
£ -
Total
Date
Mileage
£/Mile (0.45p)
Council Inhouse meetings (0.70p)
Details
Mileage
Parking
Travel/Subs
Attendance Fee
Misc
TOTALS
0
I confirm that these expenses have been wholly, exclusively and necessarily incurred in the course of authorised business duties and that the expenditure is reimbursable under current guidelines as stated in the government handbook.
I also note that any duplicate payment or a payment made in error will be notified to me in writing and I agree to reimburse any such payment.
Please note expense claim forms received after a three month period will not be processed
Claimant's Signature
Date
I am satisfied that this expenditure was incurred wholly, exclusively and necessarily in the course of business duties and that the expenditure is reimbursable under current guidelines as stated in the government handbook.
Authorisation Signature
Date
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of 2

# Appendix S

## Scheme of Delegation – PFNI Management Board

**THE COUNCIL OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND**

**and**

**THE PHARMACY FORUM NI MANAGEMENT BOARD**

**SCHEME OF DELEGATION**

Dated the 26th day of January 2021

**PARTIES**

(1) The Council of the Pharmaceutical Society of Northern Ireland (hereinafter referred to as "the Council"); of 73 University Street, Belfast BT7 1HZ and

(2) The Pharmacy Forum NI Management Board **(**hereinafter referred to as "the PFMB"**)** as a delegated Committee of the Council which shall include their respective successors or permitted assignees and who shall be responsible for the performance and activities of the Pharmacy Forum NI.

**RECITALS**

(a) Background

The Pharmaceutical Society NI was established in 1925 as the professional body for pharmacists in Northern Ireland. As part of that role, it has from the outset had responsibility for both professional leadership and public protection, the latter through control of exit from and entry onto the Register. The current governing instrument is the Pharmacy Northern Ireland Order 1976 ("the Pharmacy Order") which sets out the objectives and powers of the organisation. Following publication of the White Paper, "Trust Assurance and Safety in 2007" ("the White Paper"), the separation of leadership and regulatory functions has been completed through a Scheme of Delegation.

(b) Every person registered as a Pharmaceutical Chemist with the Pharmaceutical Society NI (hereinafter referred to as "the Society") shall be a member of the Pharmacy Forum NI (hereinafter referred to as "the Forum").

(c) There shall be a committee of the Council known as the Pharmacy Forum NI Management Board.

(d) This agreement is intended to document the delegated powers and responsibilities from the Council to the PFMB.

**1.0 Delegated functions to the PFMB**

All professional leadership functions will be delegated to the PFMB. The relative objectives extracted from the Pharmacy Order are:

(a) to advance Chemistry and Pharmacy;

(b) to promote pharmaceutical education and the application of pharmaceutical knowledge;

(c) to maintain the honour and safeguard and promote the interests of the members of the Society in their exercise of the profession of pharmacy;

(d) to provide relief for distressed persons as defined in the Pharmacy Order;

(e) to apply funds under the Society's control towards scholarships for the furtherance of education and research in pharmacy.

In addition, the PFMB will be expected to uphold the reputation of the Society and have due regard for public interest in its activities. The PFMB shall produce and maintain a governance handbook which as a minimum contains the features in Appendix 1 to this document.

## 2.0 PFMB – Responsibilities and Services

### 2.1 Responsibilities

The PFMB will have a primary responsibility to provide professional leadership on:

(a) regulatory matters affecting the profession, particularly in relation to public safety;

(b) the promotion of the profession and providing guidance on the optimisation of medicines use in Northern Ireland;

(c) the support of the profession through educational activities and operation of the charities;

(d) the development of the profession in the public interest;

(e) ensuring the views of the profession are adequately reflected.

It is the role of a professional body to work in the public interest and these responsibilities are consistent with that approach.

The PFMB shall provide to Council necessary evidence in respect of the points above.

### 2.2 Services to the Professional Membership and Functions of the PFMB

The specific services to be provided are a matter for the PFMB in consultation with its membership.

***Annual General Meeting***

The PFMB shall hold an Annual General Meeting the details of which will be agreed with Council each year.

<u>Fellowships</u>

The PFMB may award fellowships on behalf of the Council.

## 3.0 Reporting

3.1 The PFMB shall provide detailed written reports to the Council on its activities twice in each year (at the end of each registration year, currently the 31 May, and at the mid-point of each year, currently 31 October) and further reports at any other time as the Council may reasonably request. The Council may stipulate matters to be included within the report.

Reports will detail activities since the last report, any evidence of engagement with the membership and the public, and evidence of the effectiveness of the PFMB.

3.2 The PFMB will co-operate fully with any annual external and internal audits that may be required by the Council.

## 4.0 Dispute Resolution

4.1 Subject to paragraph 4.2, it is intended that wherever possible disputes between the Council and the PFMB be resolved informally. In the event that disputes or disagreements cannot be resolved informally, then a mediation or arbitration service will be sought as agreed between the parties.

4.2 Paragraph 4.1 is without prejudice to the right of the Council, at its absolute discretion, to implement the measures set out in Section 6 of this document.

## 5.0 Financial arrangements

5.1 (a) The PFMB shall provide a financial plan to the Council each year as part of the budgetary cycle, the timing of which will be notified to the PFMB. Further financial plans may be requested at any stage.

(b) The Council reserves the right, in its sole discretion, to limit the total amount of available monies in any given year within which submitted financial plans should operate.

5.2 (a) The Council will consider the content of the annual financial plan and shall, before the start of each registration year, approve and publish a budget to be used by the PFMB. The Council is not bound to accept the submitted financial plan and may amend or adjust it. Once the budget has been determined, the Council may, following consultation with the PFMB, alter the funds available. The Council is not bound by any views expressed by the PFMB further to any such consultation.

(b) The PFMB may, during the course of a year, submit a business case and request project funding for consideration by the Council or its appointed sub-committee. The Council shall not be bound to fund any such activity but shall consider each submission.

(c) The Council may request that the PFMB considers carrying out specific pieces of work during the course of a year. Agreement for funding shall be secured prior to the commencement of any such work.

(d) The PFMB financial activity is subject to the same degree of scrutiny and audit as the regulatory activity.

5.3 The PFMB is bound to operate within the Council approved budget and may not, without the prior authority of the Council, exceed expenditure in all or any part of the budget; such consent shall not be unreasonably withheld.

5.4 The PFMB may not acquire loans or any other financial products without the prior written permission of the Council.

5.5 The PFMB may raise funds from such sources as are deemed suitable, by reference to ethical guidelines produced by the PFMB, appropriate for use by a healthcare professional leadership body and it or any successor body may retain and/or use such funds for the discharge of its functions under this Scheme of Delegation.

## 6.0 Powers to suspend or terminate the PFMB

6.1 The Council shall have the absolute power to dissolve the PFMB at any time, after consultation with the PFMB, without any requirement for notice or compensation.

6.2 Where a risk to the reputation of the Society has been identified through the activities of the PFMB or its members, the Council may suspend the PFMB for a period not exceeding 3 months after which it will consult with the PFMB before making a final decision on its future.

6.3 Whilst not an exhaustive list, the Council shall have the right to dissolve the PFMB in the event of the following:

(a) the serious or repeated breach of this Scheme of Delegation;

(b) any activity that may be in conflict with the statutory obligations of the Society;

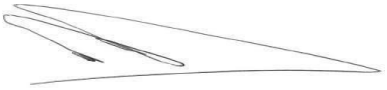
(c) the committing of any act of fraud, dishonesty, gross negligence or misconduct which may reasonably be thought to damage the reputation or standing of the Society or to bring the PFMB or the Society into disrepute or to be otherwise prejudicial to its interests;

(d) the failing or ceasing to perform the duties under this Scheme of Delegation to the Council's reasonable satisfaction.

**SIGNED BY**
**PRESIDENT OF THE PHARMACEUTICAL SOCIETY NI**

**26/01/21**
**_____ Date: _____**

**SIGNED BY**
**CHAIR OF THE PHARMACY FORUM NI MANAGEMENT BOARD**



**14/01/21**
**_____ Date: _____**

This Scheme of Delegation comes into operation on the 26th day of January 2021 and supercedes all previous Schemes of Delegation.

# Appendix 1

**Governance**

The PFMB will create and produce a Governance Handbook dealing with the operational procedures and standards to operate the Forum.

The content of the Governance Handbook as a minimum will include:

(1) the responsibilities of the Forum as detailed above;

(2) the make up of the PFMB consisting of a maximum of 14 members;

(3) in establishing and refreshing the membership of the PFMB, there shall be a minimum of 8 elected places available with representatives appointed from the key representative pharmacy organisations in Northern Ireland as identified by the PFMB;

(4) arrangements for the co-option of PFMB members where an identified gap in the representative nature or skill mix of the PFMB is identified;

(5) the details and procedures for elections to the PFMB taking place at a time and in a manner decided by the PFMB but as a minimum every four years;

(6) details of who is permitted to be a member of the Forum - initially every person registered as a Pharmaceutical Chemist with the Pharmaceutical Society NI ("the Society") plus any other categories of members that the PFMB shall recognise; no member of Council may serve as a member of the PFMB.

(7) the Bye Laws or equivalent rules of the Forum, as published and consulted upon;

(8) the rules determining conduct at PFMB meetings; and

(9) procedures for PFMB members to cover any necessary induction and disciplinary procedures;

The Governance Handbook shall be available to the Council upon request.

# Appendix T

## Scheme of Delegation – CEO

Protecting Registering Regulating

**Scheme of Delegation – Council, CEO (and Committees)**

**Pharmaceutical Society of Northern Ireland**

**SCHEDULE OF MATTERS RESERVED TO COUNCIL AND SCHEME OF DELEGATION TO CEO (and COMMITTEES)**

**Part 1: Introduction**

This document sets out the powers reserved to the Council of the Pharmaceutical Society of Northern Ireland (Council) and the powers which may be delegated to the Chief Executive ("CEO") and it should be referred to as" the Scheme".

It should be noted that Council remains accountable for all of its functions, even those delegated to the CEO, and it would, therefore, expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

Council will review the effectiveness of the Scheme every three years and make amendments, as required.

### 1.0 Background

The *Enhancing Confidence in Healthcare Professional Regulators* report[1] (para 2.2) recognised the importance of effective delegation to allow a Council to take on the strategic, board-like role envisaged in *Trust, Assurance and Safety*:

"The role of a Council should be to set the direction of the organisation in line with its mission and purpose. It should ensure systems are in place to enable it to monitor performance and hold the executive to account. It should also ensure probity. Some regulators already have established schemes of delegation to achieve this, and it is recommended that this should apply to all regulators."

### 2.0 Purpose of Policy

2.1 The Council's Scheme is intended to facilitate the efficient and effective functioning of the Pharmaceutical Society NI (the organisation).

1 Niall Dickson, King's Fund and DH – regulation, workforce (2008). *Implementing the White Paper 'Trust, Assurance and Safety': Enhancing confidence in healthcare professional regulators – final report and DH response to recommendations*

2.2 The Scheme is based on subsidiarity, so as to maximise effectiveness and efficiency and to allow the organisation to respond promptly to changes in circumstances. This means that decisions are taken at the lowest level which is competent to take them, enabling Council to focus on those tasks that ***only*** Council can or should perform, such as determining vision, values and strategy, setting professional standards, making regulations and holding the Senior Management Team, via the CEO, to account through systematic monitoring.

2.3 Other than where functions are delegated to committees or other structures, Council regards the CEO as its single point of delegation and holds this position accountable for meeting Council's expectations for organisational performance. The CEO may delegate functions further but will be held accountable by Council for the discharge of all functions delegated to him/her under the Scheme. This accountability is demonstrated through monitoring reports submitted to Council, using performance criteria agreed by Council.

## 3.0 Policy Statement

3.1 The Scheme sets out:

i. Matters reserved to Council;

ii. Matters delegated to the CEO which may also be carried out by persons nominated by the CEO; and

iii. Matters delegated to committees or other structures.

## 4.0 Role of the Chief Executive ("CEO")

The CEO is effectively the Accountable Officer[2] of the organisation and is responsible and accountable to Council for discharging the functions specified in the Strategy, Business Plan and for overall financial management.

The CEO has authority over all other employees so far as is necessary for efficient management and for carrying out the functions.

In discharging the functions, the CEO may use whatever means considered appropriate. He/she must act within the law, the Financial Regulations and any Code of Practice adopted by Council from time to time and have regard to the approved Strategy and any performance management regimes in place.

2 The individual who may be held to account by the Council for effective use of resources and organisational performance

## 5.0 Development of Policy

Council shall set or approve policy and shall describe it in a manner which is capable of any reasonable interpretation, subject to the information in Part 2.

## Part 2: The Scheme of Delegation

### 1.0 Matters Reserved for Council Approval

### 1.1 Governance

1.1.1 The following matters are reserved to Council:

i. approval of Bye-laws;

ii. approval of Regulations;

iii. appointment of Solicitors, external and internal auditors (internal auditors may be appointed by the Audit & Risk Committee, in accordance with their TOR);

iv. review and approval of Standing Orders and the Schemes of Delegation to both the CEO and Pharmacy Forum Management Board;

v. approval of arrangements for dealing with complaints;

vi. approval of the Freedom of Information Publication Scheme;

vii. approval of organisation-wide policies including the Health and Safety policy statement;

viii. approval of the organisation's policy on response to public consultations;

ix. approval for proposals on litigation against or on behalf of the organisation that risk reputation or financial vitality;

x. establishment and dissolution of committees with the exception of those detailed in Statute including approval of Terms of Reference and appointments;

xi. approval of procedures for the evaluation of the effectiveness of Council and committees;

xii. review of the Register of Interests for Council and employees;

xiii. approval of Council and employees Code of Conduct and corporate governance arrangements including Guidance for the acceptance of gifts and hospitality; and

xiv. oversight and approval of all Memoranda of Understanding with other bodies.

1.1.2 The CEO is responsible for all other governance matters other than where functions have been delegated to committees, specifically:

i. acting as Council's Accountable Officer;
ii. implementing Governance schemes and policies as agreed by Council;
iii. managing the building;
iv. undertaking the review of internal controls and publication of the Governance Statement;
v. ensuring that the performance of the organisation in relation to agreed Standards is reported appropriately;
vi. approving proposals for action on litigation against or on behalf of the organisation not detailed at 1.1.1 above and informing Council at the earliest opportunity; and
vii. ensuring responses to public consultations in accordance with the approved policy.

1.1.3 The CEO is responsible for the following reporting and recording activities:

i. recording and reporting on Council's governance arrangements;
ii. ensuring proper governance documentation is in place e.g. Corporate Governance Handbook;
iii. ensuring that the organisation complies with required standards of corporate governance and can demonstrate open and transparent decision-making and advising Council on such matters;
iv. ensuring that all appropriate reports and returns are made to the NI Assembly;
v. ensuring that all reports to the Professional Standards Authority ("PSA") are completed and submitted on time;
vi. approving PSA reports; and
vii. ensuring that proper administrative arrangements are in place to record meetings of Council and Committees.

## 1.2 Strategy, Plans and Budgets

1.2.1 The following matters are reserved to Council:

i. definition of the organisation's vision, mission, aims and objectives;
ii. ownership of the Strategic Plan and approval of performance measures;
iii. approval of the annual budget;
iv. monitoring of performance and budget;
v. approval of the organisation's policies and procedures for the management of risk; and
v. approval of business cases requiring additional revenue and/or capital resources not already contained in approved budgets.

1.2.2 The CEO is responsible for all other strategy, planning and budgeting matters, specifically:

i. preparation of the annual budget and controlling income and expenditure;
ii. ensuring appropriate systems are in operation for planning, monitoring, evaluating and reviewing performance for all service areas;
iii. preparation and effective and efficient delivery of the Business Plan;
iv. advising Council on strategic issues;
v. undertaking a review of risks and maintenance of the Risk Register;
vi. making long-term assessments of resources, needs and commitments and coordinating advice on forward planning;
vii. advising Council on general policy and ensuring that all proposals are consistent with policy;
viii. ensuring that Council's policies and programmes are implemented; and
ix. acting as a policy advisor to the organisation on matters relevant to the work of Statutory committees and the Pharmacy Forum.

## 1.3 Staffing

1.3.1 The following matters are reserved to Council:

i. appointment, appraisal and dismissal of the Chief Executive, where applicable

ii. approval of:

a. CEO and Senior Management Team salaries;

b. Data Protection Policy;

c. Equality & Diversity Policy;

d. Equal Opportunities Policy;

e. Expenses Policy;

f. Health & Safety Policy;

g. Whistleblowing Policy; and

h. any organisational restructuring which involves any voluntary and/or compulsory redundancy.

1.3.2 The CEO is responsible for all other staffing matters, specifically:

. engagement and deployment of all employees in accordance with the Appointments Procedure provided that there is no increase in agreed staffing levels unless contained within agreed budgets;

ii. effective management of employees, having regard to Statutory responsibilities including Health and Safety;

iii. implementation of the employee appraisal system;

iv. taking disciplinary action in accordance with the Disciplinary Procedure;

v. operation of the Grievance Procedure;

vi. organisational restructuring which does not involve voluntary or compulsory redundancy;

vii. setting of terms and conditions of employment within agreed budgets; and

viii. notifying auditors.

## 1.4 Financial Arrangements

1.4.1 The following matters are reserved to Council:

i. approval of the appointment of a bank;
ii. approval of Investment Strategy;
iii. approval of the writing-off of debt in excess of £5K;
iv. approval of outline and final business cases for capital investment;
v. approval of the Reserves Policy;
vi. approval of the Counter-fraud Policy; and
vii. any other matter that is of significant financial or reputational risk to Council or any material issue of principle.
viii. 1.4.2 The CEO is responsible for all other financial matters, specifically:

i. authorisation of cheques and transfers in accordance with Council approved bank mandates as updated from time to time;
ii. ensuring that financial management conforms to the organisation's Financial Procedures;
iii. implementation of the Credit Control Policy;
iv. collection of income and payment of expenditure;
v. execution of any counter-fraud measures;
vi. ensuring that steps are taken to safeguard the assets of the organisation;
vii. ensuring that capital expenditure is planned and monitored continually so that the organisation's plans are actioned, including the prompt implementation of associated revenue elements; and
viii. ensuring expenditure is planned and monitored continually so that it is within approved estimates and meets the outcome of the Business Plan.

### 1.5 Procurement

1.5.1 The following matters are reserved to Council:

i. approval of the Procurement Policy; and
ii. approval of any award of a contract/tender which exceeds £25K.

1.5.2 The CEO is responsible for all other purchasing matters, specifically:

i. approval of any award of a contract/tender of up to £25K;
ii. authorising contracts/appointments which have been approved by Council; and
iii. implementation of Council's Procurement Policy.

1.5.3 In the case of a tender approved by the CEO in excess of £10K and which was not the lowest priced tender received, a report on the selection process should be made to Council.

### 1.6 Income Generation

1.6.1 The following matters are reserved to Council:

i. setting of fees for registration, examination and retention.

1.6.2 The CEO is responsible for all other income generation matters, specifically:

i. ensuring appropriate consultation on changes to fees and presenting case to Department of Health.

### 1.7 Auditing and Reporting

1.7.1 The following matters are reserved to Council:

i. approval of the annual report and audited financial statements;
ii. appointment of internal and external auditor; and
iii. approval of the Terms of Reference and membership of Committees.

1.7.2 The CEO is responsible for all other auditing and reporting matters, specifically:

i. all responsibilities required of the Accountable Officer;

ii. preparation of the Annual Report and financial statements;

iii. preparation of the Annual Governance Statement; and

iv. approval of the PSA Performance Review report.

## 2.0 Delegation of Authority

2.1 In addition, the matters are delegated to the following Council Committees in accordance with their Terms of Reference:

i. Audit and Risk Committee - appointing a suitably qualified internal auditor;

ii. Finance & Performance Committee - authorising unbudgeted spending in accordance with the limitations below:

a. a maximum of £5,000 per event against any budget head for operational reasons; and

b. a maximum authority of £15,000 cumulative in any given financial year.

Each of the above Committees will report to Council.

2.2 The President is responsible for:

i. agreeing the annual performance objectives and targets for the CEO;

ii. agreeing an annual Personal Development Plan with the CEO; and

iii. reviewing performance against the agreed objectives and targets with the CEO at least once a year.

2.3 The CEO is not restricted from exercising his/her own delegation to his/her employees for any matter for which he/she is responsible. However, action taken under that authority must be taken in the name of the CEO as relevant in that particular case and remains his/her responsibility.

2.4 The CEO is accountable for the actions of all employees.

## 3.0 Emergency/Urgent Decisions

3.1 The CEO is empowered to take emergency/urgent action on behalf of Council in matters which would normally have been considered by Council and are not delegated under this Scheme but where no meeting of Council is available for that purpose to allow a timely decision. On all such occasions, he/she shall consult first with the President, or in his/her absence the Vice President, before taking action and shall seek endorsement of the action at the next Council meeting.

# Appendix U

# Data Protection Policy

**Pharmaceutical Society of Northern Ireland**
**Data protection/Records Retention Policy**

## General Principles & Responsibilities

### 1 Purpose and Scope

1.1 This policy relates to records (including electronic data) belonging to the Pharmaceutical Society of Northern Ireland (PSNI) and applies throughout PSNI, including, where appropriate, its subsidiaries and partner organisations as defined in paragraph 2.7.

1.2 This policy is formed of 8 main parts:

1.2.1 This document sets out the general principles and responsibilities;
1.2.2 The Records Retention Schedule, as defined in paragraph 2.4, sets out the length of time PSNI's records should be retained (Appendix 3);
1.2.3 The Data Protection Policy sets out PSNI's policies for the handling of personal data to ensure compliance with the Data Protection Act 1998 (Appendix 4);
1.2.4 Information Classification Policy sets out how PSNI records are classified and marked which in turn will determine how such records are managed Appendix 5);
1.2.5 Information Security Policy sets out PSNI's policies and procedures to ensure all documents are stored and handled in a secure manner (Appendix 6);
1.2.6 Storage of Information Policy sets out how information which PSNI has physically stored and handled (Appendix 7);
1.2.7 Data Breach Handling Policy sets out the actions to be taken in the event of a data breach being reported (Appendix 8);
1.2.8 Data Destruction Policy sets out the action to be taken when data is to be disposed of and destroyed (Appendix 9);

1.3 Records, as defined in paragraph 2.1, are a vital asset required by PSNI to support its daily functions, research and education and decision-making; they protect its rights and those of its staff, members and others and they form the corporate memory. The management of records is therefore imperative and PSNI recognises the importance of this activity.

1.4 The purpose of this records retention policy (and associated retention schedule and procedures) is to promote best practice in records management in order to protect the interests and support the core functions of the PSNI by ensuring the consistent and orderly maintenance and retention of adequate, unaltered and accurate records for the appropriate periods of time to satisfy relevant statutory and

contractual legal, financial and operational requirements. It is also to ensure the prompt and confidential disposal of records when such requirements have ceased so as to avoid unnecessary costs relating to records maintenance or any possible liabilities.

1.5 This policy is subject to the laws and regulations of relevant jurisdictions and may be modified and supplemented from time to time. Other policies and legislation may be relevant in relation to records retention (see Appendix 1 for a non-exhaustive list).

## 2 Definitions[i]

2.1 *Records* are defined as “information created, received, and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business”

2.2 *Recorded information* includes documents and data and can be in any format or media, including paper, film and digital or electronic media (see appendix 2 for a non-exhaustive list of possible formats). This policy applies to recorded information in all possible formats.

2.3 *Records management includes* the processes for implementing records retention and disposal, storage and retrieval, in accordance with this policy and associated retention schedule and procedures.

2.4 A *records retention schedule* is a document (e.g. list or matrix), tailored for a particular entity or department, describing the different records series belonging to each function of that entity and specifying the appropriate retention period for each, as determined by legal and other relevant requirements. This retention period may include the starting point for its calculation, the length of time and what action should be taken when the period expires. The Records Retention Schedule forms part of this policy (Appendix 3).

2.5 A *records series* is a group of similar or related records which serve a common purpose or function and have the same retention period. (Examples of records series are employee personnel files, accounts payable invoices, exam papers).

2.6 References to “Pharmaceutical Society”, “Pharmaceutical Society NI”, “PSNI”, “the Society”, “the Organisation”, “it”, “we” or “us” mean the Pharmaceutical Society of Northern Ireland and all entities, wherever located, which are subsidiaries of the Pharmaceutical Society of Northern Ireland.

2.7 References to “partner organisations” include any partner organisations and any third-party service providers who are contractually obliged to maintain records on the PSNI’s behalf in accordance with this policy.

**3 Principles**

3.1 Records that are created or received and maintained by PSNI employees, Council Members - and those working for the PSNI as contractors or in partner organisations - in the course of their business activities for the PSNI, are deemed to be records belonging to PS N I. This applies whether or not the records are held on PSNI premises.

3.2 PS N I records are a valuable resource as sources of information for re-use and as evidence of actions, rights and obligations. However, records that are out-of-date, inadequate or unnecessary can be misleading and can impact storage / retrieval capability and costs without corresponding benefit.

3.3 During their retention period, records may be held in different locations and on different media depending on operational efficiency but should always be properly managed in accordance with this and other policies. General Data Protection procedures are in place (see Data Handling and ancillary Procedures manual).

3.4 The majority of records will eventually be destroyed, however, the small proportion of records and artefacts deemed to be of permanent legal or historical significance will be preserved in P S N I’s historical archives facilities or by the Public Records Office.

3.5 Retention policies for different series of records should be decided on the basis of any relevant legal requirements and a consideration of the value of the records for operational reasons both now and in the future.

3.6 Retention policies should be decided in consultation with the owners and users of records. If necessary, expert advice should be sought from appropriate external legal sources and, if appropriate, the Lord Chancellor's Office.

3.7 Retention policies should be the same for the same type of recorded information regardless of media (i.e. information retained only in digital format should be retained for the same period as it would be kept if in paper form). However, it is not necessary to retain duplicate copies of the same record, nor to retain both paper and electronic versions, for the same period. Retention arrangements for electronic records should ensure that they will remain complete, unaltered and accessible throughout the retention period.

3.8 Operational retention requirements should be based on an assessment of the value of the information, taking into account the need for evidence of processes, the probability of future use and the consequences if the information were not available. Information value and reference rate usually decline over time, so a decision should be made as to the point the records are likely no longer to be required.

3.9 Retention policies for different series of records should be codified in records retention schedules compiled on a functional or departmental basis and regularly implemented and updated by staff with records management expertise. Specific Procedures are in place for individual types of business data handling (see Data Handling and ancillary Procedures manual)

3.10 Public Records Act

Section 3 (6) of the PRA demands the disposal of records not selected for preservation, either by destruction or by other means approved by the Lord Chancellor.

3.11 Retention Period

Each organisation must decide for itself what records to keep and for how long, taking account of the legal and regulatory environment, the nature of its business and its continuing need for evidence and information about how it has carried out that business. This means decisions should be influenced by:

- the functions of PSNI as a whole;
- the regulatory environment within which PSNI exists;
- the functions of the various parts of PSNI and the various programmes and projects that complement or sit alongside;
- what information each department uses during its work;
- what records result from the work of each department; and
- how those records are shared with or used by other parts of the PSNI.

The retention period of a specific 'class' of record depends on the organisational value and, if applicable, the archival value placed on those records. Organisational value focuses on the organisation's needs and obligations and on the records as information assets. Its value for accountability, legal or reference purposes and includes protection of the legal and other rights of the organisation and those with whom it deals, and compliance with whatever regulatory framework applies.

3.12 Organisational Value

Organisational value can be determined by considering the following factors:

- the importance of the function that the records support
- what business units (individual parts of the organisation) say about their requirements for continued access to the records, including the risks of not having this access
- the importance of the records for protecting the interests and legal rights of the organisation and those with whom it deals
- any legal or regulatory requirements – even if they do not actually specify the length of time records must be kept, they may include relevant things like liability thresholds
- the requirements of anybody with a right to audit the organisation
- any accepted standards or best practice for the sector
- the relationship between the records and other related records and the data or evidence they provide.

Some records might have precedent value, others might be important for supporting evidence-based policy making.

3.13 Archival value

Archival value has a wider and more long-term focus. Archival value is about value for corporate memory purposes and for historical or cultural purposes. Often the records which need to be kept in the long term because of their organisational value are also the records with archival value but the two are not the same.

3.14 Striking A Balance

It is important to strike the right balance with respect to retaining and disposing of information. Information representing a corporate asset needs to be managed as such but information can also present a risk, for example breaches of security could potentially occur at any time in the life of the records. Furthermore, there are risks of legal discovery and third-party

disputes could be particularly onerous, especially where there is no clearly defined business benefit to retaining the information in the first place.

3.15 Document Disposal and Current Best Practise

Disposal is an important part of records management ensuring that an organisation retains its records for a long as needed and when no longer needed, destroys them in an appropriate manner, helping an organisation to:

- Avoid unnecessary storage costs;
- Comply with the 5th data protection principle regarding personal information. (This principle requires organisations not to keep personal information for longer than necessary);
- Find and retrieve information more efficiently; and
- Respond to FOI request more efficiently.

Having considered the issues outlined above and the organisation and archival value, business rules should be developed and documented in such a way as to enable their daily use and specific application to different record 'classes'. These should give clear instructions on:

- What records to keep;
- Where to keep them;
- Who should keep them; and
- When to keep them.

Organisations are accountable for the way in which they use and dispose of their assets and this includes disposal of their records. They also need to be in a position to explain the absence of records that were once held particularly if subject to Freedom of Information (FOI) requests under the Freedom of Information Act 2000. For these reasons it is recommended that disposal decisions are clearly documented in disposal policies and schedules.

The main benefits of disposal schedules are:

- Records of continuing value are identified and can be managed appropriately;
- Records which cease to have any value to the organisation or as archives can be disposed of efficiently;
- Clear instructions on what happens to records when they are no longer needed to support the business;
- Definitive periods of time for which records should be kept and remain accessible;
- Consistency in retention of records across the organisation
- Evidence of compliance with legal and regulatory requirements for the retention of records;
- Evidence of what records were created but subsequently destroyed;

3.16 Document Retention/Disposal Schedule

The organisation has carried out an information audit on the records produced as part of our annual work cycle and considered each record identified in light of the issues outlined above. A retention/disposal schedule has been developed which documents the business rules for each record type 'class' and procedures are in place to meet the retention schedule requirements within the day to day working of the organisation. (see Appendix 3)

This will enable appropriate and effective retention of incoming and newly generated documentation and help to ensure that personal data is not held longer than necessary. Documentation including that holding personal data should be disposed of as a result of the routine application of retention schedules and not on an ad hoc basis, simultaneously providing for personal data to be securely destroyed, further processed and kept indefinitely as archives for research purposes, as appropriate.

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3.17 Implementing Disposal Decisions

Once disposal decisions have been made, implementation can take place and it is proposed this would involve:

- Identifying records due for disposal action;
- Confirming or varying the disposal decision; and
- Putting the disposal decision into effect.

3.18 Identifying records due for disposal action

An important part of disposal management is periodic identification of all records that have reached, or are about to reach, the end of the retention period specified in the disposal schedule. It is proposed that this should be done at least once a year and the outcome of this process will be one of the following actions:

- Destruction of records
- Transfer of records to an archive's facility
- (Exceptionally) a further review.

3.19 Confirming or varying the disposal decision

Before taking any irreversible action, we will check with the other business units within PSNI that destruction can go ahead as specified in the schedule, just in case anything has changed or new circumstances mean that destruction of records should be delayed beyond the due date, for example:

- The records are known to be the subject of litigation – if so, they should not be destroyed until conclusion of the matter
- The records are known to be the subject of a request for information, or a complaint or appeal relating to that request – if so, they should not be destroyed until conclusion of the case
- The records are material to an audit or investigation – if so, destruction should be delayed until completion of action
- The records contain or relate to information recently released in response to a request for information, FOI request.

3.20 Putting the disposal decision into effect

When records are no longer required by the organisation and do not have archival value they should be destroyed. Destruction is the 'final' action for about 95% of most organisations' records however given the regulatory framework within which PSNI operates, this may not necessarily by the case for all records

Destruction of paper records can be carried out in a variety of ways, including shredding, pulping and burning. But records should be destroyed in a manor reflecting the level of security required by the confidentiality of their contents. So, for example, if records contain sensitive personal data or protectively marked papers are shredded, the shredded paper should be

further disposed of securely, this can be to recycling. If an external contractor is to be used for destruction of records, a contract should specify clearly what action is required, including transmission of records off-site and what constitutes destruction. Contractors should be required to supply a certificate of destruction and, in the case of confidential records, a certificate of confidential destruction.

Current best practise recommends keeping some documentation on the actual records destroyed and recommends this should include:

- the disposal schedule reference
- the disposal class and date range of the records concerned
- evidence that destruction was properly authorised, e.g. an email from the responsible person
- evidence that destruction took place in accordance with the disposal schedule, e.g. a certificate specifying the method, place and date of destruction and details of the staff or contractor who carried out destruction.

3.21 Transferring Records to an Archives Service

Disposal of records does not always mean destruction and, in some cases, it may be deemed appropriate to transfer a 'class' of records to an appropriate archive service. In the case of public records, i.e. records subject to the Public Records Act (Northern Ireland) 1923, PRA, records with archival value must be transferred to the Public Record Office of Northern Ireland, and guidance is available regarding how this should be done. Similarly, as in the case of document destruction, the transfer of documents should also be recorded.

3.22 Historic Documentation

The organisation has also retained a large quantity of documentation generated within the course of business over the last number of years. The Document Retention and Disposal Schedule and the business rules for each record type held therein have been further applied to this historic documentation and action proposed. (see Appendix 3)

3.23 Requirements for storage of physical records

Principal 7 of the DPA requires that personal data should be stored securely so that confidentiality is maintained at all times. Access should be provided only to those who have a need that can be satisfied within the law. The level of security should be appropriate and proportionate to the nature of the data and the harm that could arise from a breach in security.

Risk management techniques have been used to assess the nature, level and impact of risks and the appropriate measures to be taken to protect the personal data held by the organisation and internal policies, procedures, security measures and training have been employed to mitigate these risks.

In addition to the internal storage the Pharmaceutical Society NI, uses additional external/offsite storage. Procedures are in place to ensure that arrangements covering the authorisation, transfer, storage, retrieval and return of manual records continue to maintain appropriate authenticity, reliability, accessibility and security of records.

3.24 Ongoing review

Given that policies should reflect business needs which evolve and change over time it is proposed that this policy be monitored and reviewed on an

annual basis to ensure the continued underpinning of effective record management. Consideration within this review should be given to whether:

- The types of records included in the schedule are still kept
- The disposal decisions and triggers are still appropriate
- Records that are no longer being kept are removed from the schedule once the last records have been disposed of
- Any new set of records is added to the schedule.

3.25 Further External Input and Advice

Prior to the implementation of the attached Document Retention and Disposal Schedule and taking any proposed action with respect to historic records, plans are in place to seek further input and guidance from PSNI's legal and audit teams, particularly with respect to:

- Appropriate consideration of the DPA;
- Appropriate consideration of the FOI;
- Appropriate consideration of the PRA; and
- Audit requirements;

**4 Responsibilities**

4.1 Ultimate responsibility for compliance with this policy shall lie with the Chief Executive.

4.2 The PSNI's Data Protection Officer/SMT are accountable for drawing up guidance for good records management practice, procedures and promoting compliance with this policy as well as maintaining the master Records Retention Schedule.

4.3 Within each department the relevant member of the senior manager is responsible for day to day management of the consistent implementation of the data protection/ records retention policy. This person should make available to other employees the relevant policy, procedures, retention schedules and advice.

4.4 Senior managers must ensure that their staff are adequately trained and are made aware of the key principles of this and related policies.

4.5 All employees are responsible for ensuring that accurate and adequate records relating to their areas of responsibility are maintained . They are also responsible for records inherited from predecessors in their role and for the disposal or storage of their records when they cease to be in regular use. This should be done in compliance with the relevant records retention schedule.

4.6 The SMT is responsible for the selection of records for permanent preservation and the Business Manager for the maintenance of the archives of the PSNI and its predecessor entities.

4.7 Compliance with this Policy and related procedures is mandatory. It applies to all sectors and departments in PSNI. Compliance will be monitored by the DPO.

4.8 Where permitted by law and in line with contracts of employment and the staff handbook, any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

**5** Personal and Criminal Liability

**5.1** Breach of this Policy is an extremely serious matter. A breach of the Data Protection Act could result in a criminal conviction for the Pharmaceutical Society NI.

5.2 A breach of the Data Protection Act can also result in a criminal prosecution being brought against Pharmaceutical Society NI Officers and Council Members where a breach is found to have occurred with their consent, connivance or neglect.

5.3 Employees may face criminal charges if they disclose or obtain personal data without the consent of both the data subject and controller.

5.4 Employees may also face disciplinary action if they disclose or obtain personal data contrary to their contract of employment and the staff handbook.

**6 Contacts**

Data Protection Officer:
dataprotection@psni.org.uk

**August 2013**

**Appendix 1–**

**Related Policies**

This is a non-exhaustive list of other policies which may be relevant to records retention. These policies may be amended, revised, replaced and supplemented and additional relevant policies created from time to time.

- Data Protection Policy (Appendix 4)
- Information Classification Policy (Appendix 5)
- Information Security Policy (Appendix 6)
- Storage of Information Policy (Appendix 7)
- Data Breach Handling Policy (Appendix 8)

**Legal Citations**

The following Acts (or Statutory Instruments) have been cited in determining retention periods and guidelines.

- 1957 Occupiers Liability Act (Northern Ireland) 1957
- 1958 Public Records Act 1958
- 1972 Employers' Liability (Defective Equipment and Compulsory Insurance) Northern Ireland Order 1972
- 1970 Taxes Management Act 1970
- 1970 Equal Pay Act (Northern Ireland) 1970
  1976 Pharmacy (Northern Ireland) Order 1976
- 1978 Health and Safety at Work (Northern Ireland) Order 1978
- 1976 Sex Discrimination (Northern Ireland) Order 1976
- 1997 Race Relations (Northern Ireland) Order 1997
- 1989 The Limitation (Northern Ireland) Order 1989
- 1988 Copyright, Designs and Patents Act 1988
- 1992 Social Security Contributions & Benefits (Northern Ireland) Act 1992
- 1993 Income Tax (Employment) Regulations 1993
- 1994 Value Added Tax Act 1994
- 1995 Disability Discrimination Act 1995
- 1998 Data Protection Act 1998

1998 Fair Employment and Treatment (Northern Ireland) Order 1998

- 2000 The Management of Health & Safety at Work Regulations (Northern Ireland) 2000
- 2000 c.36 - Freedom of Information Act 2000
- 2002 The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003

2003 Employment Equality (Sexual Orientation Regulations (Northern Ireland) 2003

- 2004 SI 3391 - Environmental Information Regulations 2004 2006 Employment Equality (Age) Regulations (Northern Ireland) 2006

**Appendix 2 – Possible Records Formats and Media to be amended**

This is a non-exhaustive list of possible documents and other formats that may be records. It does not include every possible format. Some formats may be specific to a particular type of media e.g. web sites on digital media; while others may be found in more than one medium e.g. memos and reports may be on paper and/or digital media.

Correspondence/letters
Meetings agendas, minutes/notes, supporting papers
Reports
Presentations (text, slides, charts, illustrations, etc.) Directives and policy statements
Manuals and instructions
Drafts
Forms
Books of account (or equivalent)
Financial transactional documents e.g. invoices, statements, etc. Legal documents e.g. agreements/contracts, deeds, etc.
Press releases
Internal announcements
Intranet sites
Technical drawings (including CAD)
Equipment monitoring/recording records
Photographs, slides, transparencies and digital images
Publications e.g. books, brochures, leaflets
Posters
Advertisements
TV & radio commercials
Film, video and sound recordings Microfilm and microfiche Memoranda
E-mails
Text and MMS messages Instant messages Voicemails
Word processing, graphics and spreadsheet applications
Specialist business IT applications
Databases
Data warehouses
Website s Blogs
Wikis
Fixed or removable electronic or optical storage media including:
Desktop and laptop computers
CD-ROMs, DVDs and optical disks
Magnetic tape and disks

Miniaturised high density electronic storage devices e.g. memory sticks
Data held on PDAs (portable digital assistants) and phones e.g.
BlackBerrys

**Appendix 3 – Records Retention Schedule (TO BE DEVELOPED)**

| Document | Place Stored | Length of time to be kept |
|---|---|---|
| **Administration information** | | |
| Correspondence/letters | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Job Applications | Current staff - locked cabinet/ Older - McConnells | 7 years |
| Meeting Agendas, minutes/notes, supporting papers | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Reports | Locked cabinet | 7 years |
| Directives & policy statements | Locked cabinet | 7 years |
| Manuals and instructions | Locked cabinet | 7 years |
| Cash receipt books | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Paid invoices | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Bank and supplier statements | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Lodgement and credit card receipts | Current financial year - locked cabinet /Older - McConnells | 7 years |
| Agreements/ contracts | Locked cabinet | 7 years |
| Deeds | Solicitors | 7 years |
| Photographs | McConnells | 7 years |
| Job Advertisements | Locked cabinet | 7 years |
| Back up tapes | Locked Cabinet- locked comms room | 7 years |
| Purchase orders | Locked cabinet | 7 years |
| Direct Debit information | Locked cabinet | 7 years |
| Bank reconciliation information | Locked cabinet - finance office | 7 years |
| Cash flow monthly workings | Locked cabinet - finance office | 7 years |
| Unpaid expense claim forms - staff | Tray in finance office | 7 years |
| Unpaid expense claim forms - council | Box in finance office | 7 years |
| | | |
| **HR** | | |
| | | |
| Holiday Forms | Locked cabinet - finance office | 7 years |
| Staff Files | Locked cabinet - finance office | 7 years |

| | | |
|---|---|---|
| Payroll Information | Locked cabinet - finance office | 7 years |
| Council/Committee payment information | Locked cabinet - finance office | 7 years |
| Staff pension information | Locked cabinet - finance office | 7 years |
| Scrutiny committee | Locked cabinet - finance office | 7 years |
| Stat committee agreements | Locked cabinet - finance office | 7 years |
| Council agreements | Locked cabinet - finance office | 7 years |
| | | |
| **Registration Information** | | |
| | | |
| Registration forms | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Retention forms | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Registration Correspondence | Current information - locked cabinet /Older - McConnells | Indefinitely |
| | | |
| **Pre-registration Information** | | |
| | | |
| Registration forms | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Pre-Registration information | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Pre-registration examination results | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Pre-registration examination papers | Locked cabinet – Pre-registration lead's office | Six months |
| Pre-registration assessments | Current information - locked cabinet /Older - McConnells | Indefinitely |
| Tutor Assessment forms | Locked cabinet – Pre-registration lead's office | 7 years |
| | | |
| **CPD Information** | | |
| | | |
| CPD portfolios | Paper Copies –in Locked cabinet in Post Registration Lead's office – electronic copies held by QUB online | 7 years |
| CDP assessments | Paper Copies –in Locked cabinet in Post Registration Lead's office – electronic copies held by QUB online | 7 years |

| | | |
|---|---|---|
| CPD Correspondence | Paper Copies –in Locked cabinet in Post Registration Lead's office – electronic copies held by QUB online | 7 years |

| | | |
|---|---|---|
| **Fitness to Practise (FTP) information** | | |
| | | |
| FTP complaints | Locked cabinet in Registrar's office | Indefinitely |
| FTP investigations | Locked cabinet in Registrar's office | Indefinitely |
| FTP Case files | Locked cabinet in Registrar's office | Indefinitely |
| FTP correspondence | Locked cabinet in Registrar's office | Indefinitely |
| | | |
| | | |

## Appendix V

## "WHISTLEBLOWING" POLICY

**Introduction**

The Pharmaceutical Society NI is committed to the highest standards of openness, probity and accountability.

An important aspect of accountability and transparency is a mechanism to enable staff and other office holders (workers) of the organisation to voice concerns in a responsible and effective manner. It is a fundamental term of every contract of service or employment that a worker will faithfully serve his or her organisation and not disclose confidential information about the organisation's affairs. Nevertheless, where an individual discovers information which they believe shows serious malpractice or wrongdoing within the organisation then this information should be disclosed internally without fear of reprisal, and there should be arrangements to enable this to be done independently of line management (although in relatively minor instances the line manager would be the appropriate person to be told).

The Public Interest Disclosure Act 1998 gives legal protection to workers against being dismissed or penalised by their organisation as a result of publicly disclosing certain serious concerns. The organisation has endorsed the provisions set out below so as to ensure that no workers should feel at a disadvantage in raising legitimate concerns.

It should be emphasised that this policy is intended to assist individuals who believe they have discovered malpractice or impropriety. It is not designed to question financial or business decisions taken by the organisation nor should it be used to reconsider any matters which have already been addressed under harassment, complaint, disciplinary or other procedures. Once the "whistleblowing" procedures are in place, it is reasonable to expect staff and other workers to use them rather than air their complaints outside the organisation.

**Scope of Policy**

This policy is designed to enable workers for the organisation to raise concerns internally and at a high level and to disclose information which the individual believes shows malpractice or impropriety. This policy is intended to cover concerns which are in the public interest and may at least initially be investigated separately but might then lead to the invocation of other procedures e.g. disciplinary. These concerns could include

- Financial malpractice or impropriety or fraud
- Failure to comply with a legal obligation or Statutes
- Dangers to Health & Safety or the environment
- Criminal activity
- Improper conduct or unethical behaviour
- A miscarriage of justice
- Attempts to conceal any of these

**Safeguards**

**i. Protection**

This policy is designed to offer protection to those workers who disclose such concerns provided the disclosure is made:

- in good faith
- in the reasonable belief of the individual making the disclosure that it tends to show malpractice or impropriety and if they make the disclosure to an appropriate person (see below). It is important to note that no protection from internal disciplinary procedures is offered to those who choose not to use the procedure.

  In extreme cases, malicious or wild allegations could give rise to legal action on the part of the persons complained about.

**ii. Confidentiality**

The organisation will treat all such disclosures in a confidential and sensitive manner. The identity of the individual making the allegation may be kept confidential so long as it does not hinder or frustrate any investigation. However, the investigation process may reveal the source of the information and the individual making the disclosure may need to provide a statement as part of the evidence required.

**iii. Anonymous Allegations**

This policy encourages individuals to put their name to any disclosures they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the organisation.

In exercising this discretion, the factors to be taken into account will include:

- The seriousness of the issues raised
- The credibility of the concern
- The likelihood of confirming the allegation from attributable sources

**iv. Untrue Allegations**

If an individual makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against that individual. In making a disclosure the individual should exercise due care to ensure the accuracy of the information. If, however, an individual makes malicious or vexatious allegations, and particularly if he or she persists with making them, disciplinary action may be taken against that individual.

**Procedures for Making a Disclosure Internally**

**Complainants should normally raise their concerns promptly in writing with their line manager or more senior manager if they are employees, with the President or Vice President if Council members and with a member of the senior management team if they**

**are members of the public, suppliers or contractors.**

On receipt of a complaint of malpractice, the member of staff or officer who receives and takes note of the complaint, must pass this information as soon as is reasonably possible, to the appropriate designated investigating officer as follows:

- Complaints of malpractice will be investigated by the appropriate SMT member unless the complaint is against the SMT member or is in any way related to the actions of them. In such cases, the complaint should be passed to the Chief Executive for referral.
- In the case of a complaint, which is any way connected with but not against the SMT member, the Chief Executive will nominate a Senior Manager to act as the alternative investigating officer.
- Complaints against the Chief Executive or any Council member or other office holder should be passed to the President who will nominate an appropriate investigating officer.
- The complainant has the right to bypass the line management structure and take their complaint direct to the President. The President has the right to refer the complaint back to management if he/she feels that the management without any conflict of interest can more appropriately investigate the complaint.
- Where the complaint is about the President it should be referred to the Chief Executive, or any other Officer.

Should none of the above routes be capable of use (for example if the whistleblower feels they will be victimised if they raise the matter internally, if they believe disclosure could result in the destruction of evidence or the matter is so serious it cannot be discussed internally), then the

complainant may approach one of the following individuals who have been designated and trained as independent points of contact under this procedure. They can advise the complainant on the implications of the legislation and the possible internal and external avenues of complaint open to them and will decide upon the most appropriate course of action;

1 ___Chair of Audit and Risk Committee

2____Director, ASM Ltd, Internal auditors

If there is evidence of criminal activity, then the investigating officer should inform the police. The organisation will ensure that any internal investigation does not hinder a formal police investigation.

External disclosure

Should the whistle blower choose to raise the matter externally they should do so to the relevant regulatory or statutory body.

**Timescales**

Due to the varied nature of these sorts of complaints, which may involve internal investigators and / or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

The investigating officer, should as soon as practically possible, send a written acknowledgement of the concern to the complainant and thereafter report back to them in writing the outcome of the investigation and on the action that is proposed. If the investigation is a prolonged one, the investigating officer should keep the complainant informed, in writing, as to the progress of the investigation and as to when it is likely to be concluded.

All responses to the complainant should be in writing and sent to their home address.

**Investigating Procedure**

The investigating officer should follow these steps:

- Full details and clarifications of the complaint should be obtained.
- The investigating officer should inform the member of staff against whom the complaint is made as soon as is practically possible. The member of staff will be informed of their right to be accompanied by a colleague or other representative at any future interview or hearing held under the provision of these procedures.
- The investigating officer should consider the involvement of the organisational auditors and the Police at this stage and should consult with the President / Chief Executive
- The allegations should be fully investigated by the investigating officer with the assistance where appropriate, of other individuals / bodies.
- A judgement concerning the complaint and validity of the complaint will be made by the investigating officer. This judgement will be detailed in a written report containing the findings of the investigations and reasons for the judgement. The report will be passed to the Chief Executive or President as appropriate.
- The Chief Executive / President will decide what action to take. If the complaint is shown to be justified, then they will invoke the disciplinary or other appropriate procedure.
- The complainant should be kept informed of the progress of the investigations and, if appropriate, of the final outcome.
- If appropriate, a copy of the outcomes will be passed to the external / internal auditors to enable a review of the procedures.
- The complainant will not be penalised for raising a qualifying disclosure even if it is not upheld, unless the complaint was both untrue and made with malice

If the complainant is not satisfied that their concern is being properly dealt with by the investigating officer, they have the right to raise it in confidence with the Chief Executive / President, or one of the designated persons described above.

If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the complainant is not satisfied with the outcome of the investigation, the organisation recognises the lawful rights of office holders, employees and ex-employees to make disclosures to prescribed persons (such as the Health and Safety Executive, the Audit Commission, or the utility regulators in accordance with the provisions of the Act), or, where justified, elsewhere.

**Review**

This policy will be reviewed at least every three years

Next Review not later than 15th September 2018 .....

# Appendix W

## Anti-Fraud Policy

### 1. Scope

**This policy applies to all Council Members, other office holders and employees of the Pharmaceutical Society NI ("the organisation").**

### 2. Purpose

The purpose of this document is to set out the organisation's policy and procedures against fraud and other forms of dishonesty together with the steps that must be taken where any of these practices is suspected or discovered.

### 3. Introduction

This organisation has a zero-tolerance approach to fraud and always requires all those associated with the organisation to act with integrity and honesty.

Anybody associated with the organisation who commits fraud, theft or any other dishonesty, or who becomes aware of it and does not report it, will be subject to appropriate disciplinary action.

### 4. Statement of intent

The organisation will continually strive to ensure that all its financial and administrative processes are carried out and reported honestly, accurately, transparently and accountably and that all decisions are taken objectively and free of personal interest. We will not condone any behaviour that falls short of these principles.

All those involved with the organisation have a responsibility for putting these principles into practice and for reporting any breaches they discover.

### 5. Definitions

No precise legal definition of fraud exists. Many offences referred to as fraud are covered by the Theft Acts of 1968 and 1978. The term is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion. For practical purposes, and for this policy, fraud may be defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party.

Occupational fraud and abuses generally fall into four main categories:

- theft, the misappropriation or misuse of assets for personal benefit;
- bribery and corruption;
- false accounting and/or making fraudulent statements with a view to personal gain or gain for another, for example, falsely claiming overtime, travel and subsistence, sick leave or special leave (with or without pay); and
- externally perpetrated fraud against an organisation.

## 6. Culture

The organisation's culture is intended to foster honesty and integrity and is underpinned by seven principles of behaviour. These are selflessness, integrity, objectivity, accountability, openness, honesty and leadership. Office holders and staff are expected to lead by example in adhering to policies, procedures and practices. Equally, registrants, members of the public, service users and external organisations (such as suppliers and contractors) are expected to act with integrity and without intent to commit fraud against the organisation in any dealings they may have with it.

As part of the culture, the organisation has provided clear routes by which concerns can be raised by office holders, staff and by those outside of the organisation. This policy should be read in conjunction with the organisation's Whistleblowing Policy.

Senior management are expected to deal promptly, firmly and fairly with suspicions and allegations of fraud or corrupt practice.

## 7. Responsibilities

In relation to the prevention of fraud, theft, misuse of equipment and abuse of position, specific responsibilities are as follows:

### a) Council

Council is responsible for overseeing the establishment and maintenance of a sound system of internal controls that supports the achievement of the organisation's policies, aims and objectives.

The system of internal controls is designed to respond to and manage the range of risks that the organisation faces.

The system of internal controls is based on an ongoing process designed to identify the principal risks, to evaluate the nature and extent of those risks and

to manage them effectively. Managing fraud risk is seen in the context of the management of this wider range of risks.

**b) The Chief Executive Officer (CEO):**

Overall responsibility for managing the risk of fraud has been delegated to the CEO. His/her responsibilities include:

- undertaking a regular review of the fraud risks associated with each of the key organisational objectives;
- establishing an effective anti-fraud response plan in proportion to the level of fraud risk identified;
- designing an effective control environment to prevent fraud;
- establishing appropriate mechanisms for:
  - reporting fraud risk issues; and
  - reporting significant incidents of fraud or attempted fraud to the Council;
- liaising with the appointed Auditors;
- ensuring that all staff are aware of the Anti-Fraud Policy and know what their responsibilities are in relation to combating fraud;
- ensuring that appropriate anti-fraud training is made available; and
- ensuring that appropriate action is taken to minimise the risk of previous frauds occurring in future.

**c) Senior Management Team**

The Senior Management Team is responsible for:

- ensuring that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively;
- preventing and detecting fraud as far as possible;
- assessing the types of risks involved in the operations for which they are responsible;
- regularly reviewing the control systems for which they are responsible;
- ensuring that controls are being complied with and that control systems continue to operate effectively; and
- implementing new controls to reduce the risk of similar fraud occurring where fraud has taken place.

**d) Staff**

Every member of staff including the Chief Executive Officer and Senior Management Team is responsible for:

- acting with propriety in the use of organisational resources and the handling and use of funds whether they are involved with cash, receipts, payments or dealing with suppliers;
- conducting themselves in accordance with the seven principles set out above - selflessness, integrity, objectivity, accountability, openness, honesty and leadership;
- being alert to the possibility that unusual events or transactions could be indicators of fraud;
- alerting their manager, the President or Chief Executive when they believe the opportunity for fraud exists e.g. because of poor procedures or lack of effective oversight;
- reporting details immediately if they suspect that a fraud has been committed or see any suspicious acts or events in accordance with the Whistleblowing Policy; and
- cooperating fully with whoever is conducting internal checks or reviews or fraud investigations.

## 8. Detection and Investigation

Whilst having regard to the requirements of Data Protection legislation, the organisation actively participates in an exchange of information with external agencies, including the Police Service of Northern Ireland, on issues which include fraud and corruption. It is often the awareness of office holders or staff and the general public to the possibility of fraud and corruption that leads to detection of financial or other irregularity.

The President or the Chief Executive must be notified immediately of all financial or accounting irregularities or suspected irregularities or of any circumstances which may suggest the possibility of irregularities including those affecting cash, property, matters relating to the Register, remuneration or allowances.

Reporting of suspected irregularities is essential as it facilitates a proper investigation by experienced staff and ensures the consistent treatment of information regarding fraud and corruption.

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When so notified, the President or Chief Executive will instigate an investigation by appointing a designated officer, auditor or other adviser.

The designated officer, auditor or other advisor will:

- deal promptly with the matter;
- record evidence received;
- ensure the security and confidentiality of evidence;
- work closely with senior managers and agencies, such as the Police and Courts, to ensure that all issues are properly investigated and reported;
- ensure maximum recoveries are made on behalf of the organisation and assist the senior managers to implement the organisation's disciplinary procedures where considered appropriate (referral to the Police will not prohibit or restrict action under the Disciplinary Procedure).

In cases of suspected payroll irregularities where a fraud investigation may be possible, discussion will occur between the President and the CEO if it is thought a disciplinary investigation is more appropriate.

Malicious accusations may be the subject of disciplinary action.

## 9. Training

An important contribution to the continuing success of an anti-fraud strategy, and its general credibility, lies in the effective training of office holders and staff throughout the organisation.

This will be achieved through the development of both induction and refresher training for all personnel involved in internal control systems to ensure that their responsibilities and duties in this respect are regularly highlighted and reinforced.

Any queries in relation to this policy should be addressed with the Head of Business Operations.

# Appendix X

## Disclosure Policy

# Policy on the disclosure and publication of fitness to practise information

**June 2014**

### Purpose of this policy

The purpose of this policy is to set out how the Pharmaceutical Society NI will publish and disclose information relating to the fitness to practise of pharmacist registrants.

### Application of this policy

The policy incorporates relevant legislative requirements resulting from the Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 and its associated regulations.

### Background

On 1 October 2012 the enactment of the Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 and its associated regulations, has enabled the Statutory and Scrutiny Committees to utilise the full range of fitness to practise sanctions.

The greater range of sanctions enables the committees to issue formal warnings, suspensions, place conditions on the practise of pharmacists and impose interim orders where appropriate to take the pharmacist off the register whilst a case is investigated.

The legislation also makes it possible for the fitness to practise sanctions to be displayed on the Pharmaceutical Society of Northern Ireland's online public register. (Previously, the Pharmaceutical Society NI possessed one single sanction: removal from the register.)

**Policy on the publication and disclosure of fitness to practise information**

### 1. Introduction

**1.1** The Pharmaceutical Society NI is the regulatory body for pharmacists in Northern Ireland. Our primary purpose is to ensure practising pharmacists in Northern Ireland are registered and fit to practise, keep their skills and knowledge up to date and deliver high quality safe care to patients. It is the organisation's responsibility to protect and maintain public safety in pharmacy by:

- Setting and promoting standards for pharmacists' admission to the register and for remaining on the register;

- Maintaining a publicly accessible register of pharmacists, and pharmacy premises;
- Handling concerns about the Fitness to Practise of registrants, acting as a complaints portal and taking action to protect the public; and
- Ensuring high standards of education and training for pharmacists in Northern Ireland.

## 1.2 Key principles of this policy

1.2.1 The key principles adopted by the Pharmaceutical Society NI are consistent with the principles of good regulation identified by 'Better Regulation Executive' in 2000; the Hampton Review of 2005, commissioned by the Treasury and the Professional Standards Authority (formerly Council of Healthcare Regulatory Excellence (CHRE[1])) 'Right Touch Regulation'.

1.2.2 When making decisions on what to publish and disclose, the Pharmaceutical Society NI adheres to:

- **Proportionality** – We are committed to ensuring that information that is disclosed is appropriate and proportionate. It is important to achieve the correct balance between the rights of the individual and the need to consider what is in the public interest.

- **Transparency** - The Pharmaceutical Society NI will be transparent about its processes, explain and publicise the decisions it makes.

- **Accountability** - We will seek the views of stakeholders and consult before policy decisions are taken. We will justify and clearly explain our decisions which we expect to be open to public scrutiny.

- **Consistency** - This policy has been developed to ensure consistency across the organisation and that is implemented fairly. We will also ensure consistency, where appropriate with other UK healthcare regulators.

- **Targeted** - We will ensure that our activity is focused on areas of greatest risk and/or what is deemed to be in the interests of public safety.

[1] On 1 December 2012 the Council for Healthcare Regulatory Excellence became the Professional Standards Authority for Health and Social Care.

### 1.3 Aims of this policy

- To outline the Pharmaceutical Society NI's approach to the publication and disclosure of fitness to practise information;
- To outline the Pharmaceutical Society NI's policy in relation to the disclosure of fitness to practise information to interested parties;
- To outline how fitness to practise information is displayed on the online public register;
- To outline the timeframes for the display of fitness to practise information.

### 1.4 Legislative context/framework

The Pharmaceutical Society NI is also subject to, and will take account of, the following non-exhaustive list when it makes decisions about disclosing information that it holds.

- The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 click here

- The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012 click here

- The Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012 click here

- The Council of the Pharmaceutical Society of Northern Ireland (Statutory Committee, Scrutiny Committee and Advisers) Regulations (Northern Ireland) 2012 click here

- The Council of the Pharmaceutical Society of Northern Ireland (Appointments and Procedure) Regulations (Northern Ireland) 2012 click here

- Freedom of Information Act 2000 - The Freedom of Information Act 2000 provides, to any person upon written request, a general right of access to information held by a public authority. They have the right to be informed whether or not the authority is in possession of the information and, with certain exemptions, to have that information communicated to them.

- Data Protection Act 1998 – prohibits the disclosure of personal data unless certain exemptions apply. One of those exemptions is where the data subject consents to disclosure.

- Human Rights Act 1998

## 2. Public interest disclosure

2.1 The Pharmaceutical Society NI has the power to disclose to any person, any information relating to a person's fitness to practise which it considers to be in the public interest to disclose.[2]

## 3. Information relating to a registrant's health

3.1 The Pharmaceutical Society NI does not publish information relating solely to the physical or mental health of a pharmacist. This information is treated as confidential regardless of which Committee (Scrutiny or Statutory) hears the case.

3.2 Where information regarding a pharmacist's health is disclosed during any part of a hearing that is held in public, this information will be redacted from the published determinations.

## 4. Complainant confidentiality

4.1 Upon receipt of a complaint, we will notify the registrant concerned that we have received information – however, this is subject to consent obtained from the complainant, as appropriate.

4.2 If the complainant refuses to give such consent or decides that they do not want to pursue their complaint, it is unlikely that the complaint will proceed. However, if there is a clear public interest reason, we will pursue the matter and inform the complainant.

## 5. Initial Investigation stage

5.1 The Pharmaceutical Society NI does not disclose or publish information about ongoing investigations on its website, to the media or any other enquirers; except where it is necessary for the protection of the public or otherwise in the public interest.

5.2 The decision to disclose information to employers will be decided on a case by case basis appropriate to circumstances to the case and/or where the issues being investigated give rise to immediate concerns about patient or public safety.

5.3 The registrant and complainant will be notified of the outcome of an investigation. This information will not be published on the website.

[2] **'Disclosure of fitness to practise matters in the public interest' Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012**

## 6. Referrals to the Scrutiny Committee

6.1.1 Following initial investigations, where a registrant's fitness to practise may be impaired, it will be considered by the Scrutiny Committee.

6.1.2 Meetings of the Scrutiny Committee are held in private[3] therefore no information is published about forthcoming meetings or proceedings, and cases that the Committee are due to consider.

### 6.2 Disclosure of referrals to the Scrutiny Committee

6.2.1 Once a decision has been taken to refer the allegation to the Scrutiny Committee the Registrar must as soon as is reasonably practicable,[4] notify the following persons of the investigation:

- The complainant
- Registrant
- Registrant's employer and any other person with whom the registrant is engaged to provide services
- DHSSPS Minister
- Secretary of State, the Scottish Ministers and the Welsh Ministers
- Department of Health, Social Services and Public Safety (DHSSPS)
- Any other healthcare regulator where the Pharmaceutical Society of Northern Ireland is aware of dual registration

### 6.3 Scrutiny Committee determination

6.3.1 The Scrutiny Committee has the power to

- dismiss a case;
- in relation to a health allegation, require the person concerned to undergo a medical examination;
- issue warnings;
- agree undertakings;
- give advice to the person concerned or to other persons and
- Refer the matter to the Statutory Committee.

### 6.4 Publication of Scrutiny Committee determination

6.4.1 The Pharmaceutical Society NI **will not publish** the outcomes of the Scrutiny Committee where the case has been closed without any admission or where no finding of impairment has been made. In cases where only advice has been given to the person concerned or to other persons, where no impairment has been admitted or found, no publication will be made.

6.4.2 In health-related cases where the registrant has agreed to undertakings, the determination will be published but details of the undertaking will not be disclosed.

6.4.3 The Pharmaceutical Society NI **will publish** determinations of the Scrutiny Committee where the outcome is a warning; an undertaking or referral to the Statutory Committee. Warnings and undertakings will appear on the Pharmaceutical

[3] The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012
[4] Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012

Society NI online register, three working days after the registrant has been notified[5] of the warning or within three working days of the registrant accepting an undertaking.

### 6.5 Disclosure of referrals to the Statutory Committee

6.5.1 The Pharmaceutical Society NI has a statutory duty[6] to give notice of referral of any pharmacist to the Statutory Committee to the list of people outlined in 6.2.1

### 6.6 Publication of the Statutory Committee Notice of Hearing

6.6.1 Information about a Statutory Committee hearing will be published on the website, three working days after the Notice of hearing is served.

### 6.7 Transcripts/Minutes of hearings

6.7.1 The Pharmaceutical Society NI will not publish transcripts or minutes of Scrutiny Committee hearings, as these meetings are held in private.

6.7.2 The Pharmaceutical Society NI will not publish transcripts or minutes of Statutory Committee hearings. These are, however, available on request and sent out electronically. Paper copies requested will be subject to copying and postage charges.

### 6.8 Statutory Committee determination

6.8.1 The Statutory Committee has the power to impose the following sanctions:

- Give advice to the person concerned or to other persons;
- A warning;
- Agree undertakings;
- Place conditions on the registrant's registration;
- Suspension from the Register
- Remove the registrant from the Register.

[5] The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012
[6] Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012

### 6.9 Disclosure of Statutory Committee determination

6.9.1 After the Statutory Committee has met, the Pharmaceutical Society NI will notify the list of organisations/people outlined in 6.2.1 of the outcome.

6.9.2 The Pharmaceutical Society NI will not make any disclosures where no impairment has been found or no sanction has been applied; unless the registrant requests so.

### 6.10 Publication of Statutory Committee determination

6.10.1 The Pharmaceutical Society NI has a statutory duty to publish as soon as reasonably practicable, particulars of any orders and decisions made by any of its Committees.

At the end of a public Statutory Committee hearing, decisions and reasons in cases where a registrant's fitness to practise is impaired and a sanction is imposed **will be publicised** on the website, within ten working days of the end of the hearing. All determinations will be published in the on the organisation's website. The length of time this information will be available will be aligned to our policy on the display of sanctions on the online register.

The Pharmaceutical Society NI **will not** publish the outcome of a hearing where no impairment or sanction has been applied; unless the registrant requests so.

The Pharmaceutical Society NI will publish the determination of a Statutory Committee hearing where an interim order has been applied. **Note** only the determination will be published, no details of any interim order cases will be disclosed.

### 6.10.2 Publication of Fitness to practise determinations (before 1 October 2012)

Past hearing outcomes (before 1 October 2012) will remain accessible in an archive section of the website.

## 7. Witnesses

7.1 The names of witnesses, including professional witnesses are not normally redacted.

7.2 The names of patients, vulnerable witnesses[7] and minors (i.e. under the age of 18) are anonymised in all hearing bundles setting out the allegation and names will be redacted when placed on the website. In exceptional circumstances, vulnerable witnesses may be allowed to give evidence to the Panel in private.

[7] 46. 'Vulnerable witnesses at hearings' The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012
7 The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012

## 8. Multi factorial cases

8.1 Sometimes concerns about a pharmacist relate to a variety of factors. Some cases will therefore involve a number of different factors such as convictions, health, conduct or performance. These are known as multi factorial cases.

8.2 In multi factorial cases, committees are expected to adapt the procedures where necessary and hold as much of the hearing as possible in public while entering into private session only for those parts of a hearing which relate to a registrant's health.[9]

## 9. Online register

9.1 The role of the Pharmaceutical Society NI is to protect, promote and maintain the health, safety and wellbeing of patients and the public. One of the ways this is achieved is by maintaining an online register of all pharmacists who have current registration with the Pharmaceutical Society NI. The register is available on our website at www.psni.org.uk and anyone can search this to check that a pharmacist is registered.

## 9.2 Display and recording of sanctions on the register

9.3 All current sanctions in relation to a pharmacist will be displayed on the Pharmaceutical Society NI online register.10

9.4 The only exception to this is matters relating solely to the registrant's health which is treated as confidential.

## 10. Duration of fitness to practise determination on the online register

10.1 In keeping with the organisation's commitment to openness and transparency and to ensure that all stakeholders can access relevant and up to date fitness to practise information regarding a registrant, all sanctions will be displayed on the online register against a registrant's entry for the duration as listed in the table 1, below.

10.2 Table 1

| | Warning | Suspension | Conditions | Undertaking | Interim Order |
|---|---|---|---|---|---|
| **Length of time determination will remain on the register** | 2 years | Duration of the suspension plus 5 years | Duration of the condition plus 5 years | Duration of the undertaking plus 5 years | Duration of the Order |

10.3 Details of the determination will also be available on the website

[9] The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012
[10] The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012

### 10.4 Accessibility of past hearing outcomes

10.5 Statutory Committee Hearing determinations will remain accessible on the Pharmaceutical Society NI website for a set period of time. The length of time this information will be available on the website will be aligned to our policy on the display of sanctions on the online register (see table 1.)

## 11. Struck off the register following statutory committee hearing

11.1 Public registers, in principle are intended to be a definitive record of all those who are registered and fit to practise. As former registrants who have been removed from the register are not entitled to practise, this information will not be displayed on the online register.

11.2 It will be made clear on the Pharmaceutical Society NI website that pharmacists who have been struck off the register no longer appear on the online register. This will be available on the website for 5 years.

## 12. Employer checks

Anyone employing a pharmacist is expected to check whether they are registered with the Pharmaceutical Society of Northern Ireland and therefore entitled to work in the UK. The Pharmaceutical Society of Northern Ireland will provide employers with further details of sanctions imposed on written request.

# Appendix Y

STATUTORY RULES OF NORTHERN IRELAND

# 2012 No. 310
# PHARMACY

# The Council of the Pharmaceutical Society of Northern Ireland (Statutory Committee, Scrutiny Committee and Advisers) Regulations (Northern Ireland) 2012

| | |
|---|---|
| *Made - - - -* | *8th August 2012* |
| *Coming into operation -* | *1st October 2012* |

The Council of the Pharmaceutical Society of Northern Ireland makes the following Regulations in exercise of the powers conferred on it by Article 19(8) of, and paragraph 2(5) of Schedule 2 and paragraphs 17(4) and 18(8) of Schedule 3 to, the Pharmacy (Northern Ireland) Order 1976(**a**). The Department of Health, Social Services and Public Safety(**b**) has approved these Regulations in accordance with Article 25A (2) of that Order(**c**).

**Citation and commencement**

1. These Regulations may be cited as the Council of the Pharmaceutical Society of Northern Ireland (Statutory Committee, Scrutiny Committee and Advisers) Regulations (Northern Ireland) 2012 and come into operation on 1st October 2012.

**Interpretation**

2. In these Regulations—

"disqualification allegation" means a complaint to, or concern of, the Society which gives rise to, or may give rise to, an inquiry under Part 4 of the Medicines Act;

"interim suspension order" means an order referred to in paragraph 8(1)(a) of Schedule 3 to the Order;

"legally qualified" means a person who is a barrister or solicitor;

"licensing body" means any body anywhere in the world which licenses or regulates any profession;

"order for interim conditional entry" means an order referred to in paragraph 8(1)(b) of Schedule 3 to the Order;

"the Order" means the Pharmacy (Northern Ireland) Order 1976; and

"the register" means the register mentioned in Article 6 (1)(a) of the Order.

(a) S.I. 1976/1213 (N.I.22), as amended by 1981 c.45 & c.55; 1983 c.54; S.I.1984/703 (N.I.3); S.R. 1987 No 457; S.I. 1994/429 (N.I.2); S.R. 1996 No 393; 2004 c.33; S.R. 2004 No 78; S.R. 2008 No 192; and S.R. 2012 No 308

(b) S.I. 1999/283 (N.I. 1) – Article 3 (6)

(c) Article 25A is inserted by Article 9 of S.R. 2012 No 308

**Composition of the Scrutiny Committee**

**3.**—(1) The Scrutiny Committee is to consist of—

(a) a lay member who is the chair;

(b) a lay member who is the deputy chair;

(c) 2 other lay members; and

(d) 4 members who are registered persons all of whom shall be appointed by the Council.

(2) The quorum of the Scrutiny Committee shall be 3 which must include—

(a) the chair or a deputy chair;

(b) a lay member; and

(c) a member who is a registered person.

(3) The chair and deputy chair referred to in paragraph (1)(a) and (b) may be legally qualified.

(4) In the absence of the chair of the Scrutiny Committee at a meeting the deputy chair may perform the functions of the chair.

(5) The Council may remove any member of the Scrutiny Committee from office for inability to perform their duties or for misbehaviour.

**Eligibility for appointment to the Statutory Committee or Scrutiny Committee**

**4.**—(1) Former members of the Council may be appointed to the Statutory Committee or Scrutiny Committee provided that they have not held office as a member of the Council for a period of 4 years prior to the date of application for membership of the Statutory Committee or Scrutiny Committee.

(2) An employee of the Society, a member of the Council, or a member of the Scrutiny Committee may not be appointed to the Statutory Committee.

(3) An employee of the Society, a member of Council or a member of the Statutory Committee may not be appointed to the Scrutiny Committee.

**Disqualification from appointment to the Statutory Committee or Scrutiny Committee**

**5.** A person is disqualified from appointment as a member of the Statutory Committee or Scrutiny Committee if that person—

(a) has at any time been subject to any investigation or proceedings concerning that person's professional conduct (including fitness to practise) conducted by any licensing body, other than the Society, the final outcome of which was—

(i) the person's suspension from a register held by that licensing body, and that suspension has not expired or been terminated,

(ii) the person's erasure from a register held by that licensing body or a decision that had the effect of preventing the person from practising the profession licensed or regulated by that licensing body, or

(iii) a decision that had the effect of only allowing the person to practise that person's profession subject to conditions, and those conditions have not expired or been terminated;

(b) has at any time been subject to any investigation or proceedings concerning that person's professional conduct (including fitness to practise) by the Society, the final outcome of which was—

(i) the person's entry in the register was suspended (including by an interim suspension order), and that suspension has not expired or been terminated,

(ii) the person's name being struck off the register, or

(iii) the person's entry in the register was made subject to an order imposing conditions with which the person must comply (including an order for interim conditional entry), and those conditions have not expired or been terminated;

(c) has at any time been subject to any investigation or proceedings relating to an allegation that the person's entry in the register was fraudulently procured—

(i) in the course of which the person's entry in the register was suspended, and that suspension has not expired or been terminated, or

(ii) the final outcome of which was the person's name being struck off the register;

(d) has at any time been subject to any investigation or proceedings concerning the person's professional conduct (including fitness to practise) by—

(i) the Society, or

(ii) any other licensing body,

and the Council is satisfied that the person's membership of the Statutory Committee or Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(e) has at any time been convicted of an offence—

(i) in the United Kingdom where the final outcome of the proceedings was a sentence of imprisonment or detention, and the conviction is not spent,

(ii) in the United Kingdom where the final outcome of the proceedings was not a sentence of imprisonment or detention, the conviction is not spent, and the Council is satisfied that the person's membership of the Statutory Committee or Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists, or

(iii) outside the United Kingdom and the Council is satisfied that the person's membership of the Statutory Committee or Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(f) has received a caution for a criminal offence in the United Kingdom and the Council is satisfied that the person's membership of the Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(g) has at any time been included in—

(i) any barred list within the meaning of the Safeguarding Vulnerable Groups Act 2006 (a), or

(ii) any barred list within the meaning of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007(b)

unless that person was removed from the list either on the grounds that it was not appropriate for that person to have been included in it or as a result of a successful appeal;

(h) is included in the children's list or the adult's list maintained under the Protection of Vulnerable Groups (Scotland) Act 2007(c)

(i) has at any time been adjudged bankrupt, or sequestration of the person's estate has been awarded, and—

(i) the person has not been discharged, or

(ii) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(d) or Schedule 2A

(a) 2006 c.47
(b) S.I. 2007/1351 (N.I.11)
(c) 2007 asp 14
(d) 1986 c.45. Schedule 4A was inserted by section 257(2) of, and Schedule 20 to, the Enterprise Act 2002 (c.40)

to the Insolvency (Northern Ireland) Order 1989(a) or sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(b)

and the Council is satisfied that the person's membership of the Statutory Committee or Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(j) is a person to whom a moratorium period under a debt relief order Part VIIA of the Insolvency Act 1986 (debt relief orders) applies, or is the subject of a debt relief restrictions order or an interim debt relief restrictions order under Schedule 4ZB to that Act(c) (debt relief restrictions order and undertaking), and the Council is satisfied that the person's membership of the Statutory Committee or Scrutiny Committee would be liable to undermine public confidence in the regulation of pharmaceutical chemists;

(k) is subject to—

(i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(d)

(ii) a disqualification order under Part II of the Companies (Northern Ireland) Order 1989(e)

(iii) a disqualification order or disqualification undertaking under the Company Directors Disqualification (Northern Ireland) Order 2002(f), or

(iv) an order made under section 429(2) of the Insolvency Act 1986(g) (disabilities on revocation of a county court administration order);

(l) has at any time been removed from the office of charity trustee or trustees for a charity by an order made by the Charity Commissioners, the Charity Commission, the Charity Commission for Northern Ireland or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity—

(i) for which that person was responsible or to which that person was privy, or

(ii) which was contributed to, or facilitated by, that person's conduct;

(m) has at any time been removed from being concerned with the management or control of any body in any case where removal was by virtue of—

(i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(h) (powers of Court of Session to deal with management of charities), or

(ii) section 34(5)(e) of the Charities and Trustees Investment (Scotland) Act 2005(i) (powers of Court of Session);

(n) has at any time been removed from office as the chair, or a member, convenor or director, of any public body on the grounds that it was not in the interests of, or conducive to the good management of, that body that the person should to continue to hold that office; or

(o) has at any time made a composition or arrangement with, or granted a trust deed for, the person's creditors and the person has not been discharged in respect of it.

(a) S.I. 1989/2405 (N.I. 19); Schedule 2A was inserted by S.I. 2005/1455 (N.I. 10)

(b) 1986 c.66. Sections 56A to 56K were inserted by section 2(1) of the Bankruptcy and Diligence etc. (Scotland) Act 2007 (asp 3).

(c) 1986 c.45. Part VIIA was inserted by section 108 (1) of, and Schedule 17 to, the Tribunals, Courts and Enforcement Act 2007 (c.15) ("the 2007 Act"); Schedule 4ZB was inserted by section 108(2) of, and Schedule 19 to, the 2007 Act.

(d) 1986 c.46.

(e) S.I. 1989/2404 (N.I. 18).

(f) S.I. 2002/3150 (N.I.4); the relevant amending instrument is S.I. 2005/1454 (N.I.9)

(g) Section 429(2) was amended by section 269 of, and paragraphs 1 and 15 of Schedule 23 to, the Enterprise Act 2002 (c.40)

(h) 1990 c.40; section 7 was amended by section 269 of, and paragraphs 1 and 15 of Schedule 23 to, the Enterprise Act 2002 (c.40).

(i) 2005 asp 10.

**Suspension and removal of Statutory Committee or Scrutiny Committee members**

**6.**—(1) The Council must remove from the Statutory Committee or Scrutiny Committee any member—

(a) who resigns from membership of the Statutory Committee or Scrutiny Committee in accordance with these regulations;

(b) whose term of office has expired;

(c) who, in the case of a registered person, has ceased to be registered;

(d) who, in the opinion of the Council,—

(i) has ceased to be an appropriate person to be a member of the Statutory Committee or Scrutiny Committee (for example, by reason of misconduct or a criminal conviction),

(ii) has seriously or persistently failed to meet the standards of performance, conduct, attendance or participation in training required of a member of the Statutory Committee or Scrutiny Committee in the ordinary course of a member's duties,

(iii) is unable to perform the duties of a member because of ill health,

(iv) has improperly disclosed confidential information obtained by the member in the course of membership of the Statutory Committee or Scrutiny Committee,

(v) has brought the Society into disrepute,

(vi) has failed to comply with the code of conduct for Statutory Committee and Scrutiny Committee members,

(vii) should no longer continue to be a member of the Statutory Committee or Scrutiny Committee in the public interest.

(2) The Council may suspend a member of the Statutory Committee or Scrutiny Committee while investigations are being undertaken into the member's suitability to remain as a member of that committee.

(3) The Council must afford any member of the Statutory Committee or Scrutiny Committee who is under investigation the opportunity to make written and oral representations before reaching a decision as to whether to remove that member from the relevant committee.

(4) The procedure for the suspension or removal of a member of the Statutory Committee or Scrutiny Committee is to be prepared by the Council and a copy must be given to every member of the Statutory Committee and Scrutiny Committee.

**Additional functions of the Scrutiny Committee**

**7.**—(1) The Scrutiny Committee has the following additional functions—

(a) providing an annual report to the Council in respect of each calendar year, by a date specified by the Council, which is to include–

(i) trends, patterns and learning points observed from cases considered by the Scrutiny Committee,

(ii) details of the numbers of fitness to practise and disqualification allegations which were disposed of by the Scrutiny Committee by means of warnings and undertakings during that year, and

(iii) the reasons why the allegations referred to in sub-paragraph (ii) were not referred to the Statutory Committee;

(b) preparing, publishing and amending from time to time its referral criteria.

(c) determining whether or not disqualification allegations that have been referred to it should be referred to the Statutory Committee.

**Terms of office of Scrutiny Committee members**

**8.**—(1) A member of the Scrutiny Committee shall hold office for a period of 4 years from the date of appointment, but shall be eligible for re-appointment at the expiration of that period.

(2) No member of the Scrutiny Committee (including the chair and deputy chair) is to hold office as a member of that committee for more than an aggregate of 8 years in any 20 year period.

**Resignation of Statutory Committee or Scrutiny Committee members**

9. A member of the Statutory Committee or Scrutiny Committee may resign from that committee at any time by notifying the Council in writing.

**Validation of proceedings**

0. The proceedings of the Statutory Committee or Scrutiny Committee are not invalidated—

(a) by any vacancy in the membership of the Statutory Committee or Scrutiny Committee

(b) by any defect on the appointment of any members of the Statutory Committee or Scrutiny Committee

**Reserve list**

**11.**—(1) The Council must maintain a reserve list of appropriate persons who are eligible to serve as—

(a) the chair of the Statutory Committee or the Scrutiny Committee;

(b) deputy chair of the Statutory Committee or the Scrutiny Committee; and

(c) other members of the Statutory Committee or the Scrutiny Committee (which is to include both prospective lay members and prospective members who are registered persons).

(2) Persons may only be retained on the reserve list for a period of 3 consecutive years, after which time their suitability for continued inclusion in that list is to be reconsidered by the Council.

(3) Persons on the reserve list who are eligible to serve as the chair of the Statutory Committee or Scrutiny Committee may be appointed as the chair, deputy chair or member of that committee without further interview, in the event that a vacancy arises on that committee.

(4) Persons on the reserve list who are eligible to serve as a deputy chair of the Statutory Committee or the Scrutiny Committee may be appointed as deputy chair or member of that committee without further interview, in the event that a vacancy arises on that committee.

(5) Persons on the reserve list who are eligible to serve as a member of the Statutory Committee or Scrutiny Committee may be appointed as a member of that committee without further interview, in the event that a vacancy arises on that committee.

(6) Persons on the reserve list may be invited to attend training provided or arranged by the Society (which may be training provided by another body) to maintain their suitability for continued inclusion on the reserve list.

(7) In the event that a member of the Statutory Committee or Scrutiny Committee (including a deputy chair but excluding a chair) is unable to sit to consider a case for any reason, persons on the reserve list who are eligible to serve as a chair, deputy chair or other member of the Statutory Committee or Scrutiny Committee may be co-opted to that committee, if its chair decides that it is appropriate to do so, to serve as a member of that committee (including as a deputy chair) for that particular case.

**Casual vacancies**

**12.** Where a vacancy occurs on the Statutory Committee or Scrutiny Committee as a result of the resignation, removal or death of a chair, deputy chair or other member of that committee, the Council must—

(a) appoint a replacement chair, deputy chair or other member from the reserve list: or

(b) where no suitable replacement member is available from the reserve list, appoint a replacement in accordance with these regulations.

**Power to co-opt members of the Statutory Committee or Scrutiny Committee**

**13.**—(1) Subject to paragraphs (3) and (4) the chair of the Statutory Committee or Scrutiny Committee may co-opt appropriate persons to act as members of that committee where it is necessary or desirable to do so in order for that committee to be able to dispose of a particular case.

(2) The power in paragraph (1) is in addition to the power in regulation 11 (7).

(3) The following persons may not be co-opted as a member of the Statutory Committee—

(a) a member of the Council;

(b) a member of the Scrutiny Committee; and

(c) an employee of the Society.

(4) The following persons may not be co-opted as a member of the Scrutiny Committee—

(a) a member of the Council;

(b) a member of the Statutory Committee; and

(c) an employee of the Society.

**Secretaries of the Statutory and Scrutiny Committees**

**14.**—(1) The Statutory Committee and the Scrutiny Committee are to be assisted by a secretary.

(2) No person may act as secretary to either committee if that person is a member of the Council.

(3) Any person acting as secretary to the Scrutiny Committee in relation to a fitness to practise allegation, must not act as secretary to the Statutory Committee in any proceedings in connection with that allegation.

(4) The secretary to either committee is to be responsible for the administrative arrangements relating to the proceedings of that committee.

(5) The secretary to either committee must, in consultation with the chair of the relevant committee, select the legal, clinical and specialist advisers to advise the committee, as required in any particular case.

(6) The secretary to either committee must keep a record, or ensure a record is kept, of all decisions made by the committee and the reasons for them.

(7) The secretary to either committee must not participate in the decision making of the committee (and is not entitled to vote).

**The composition of the Statutory Committee and Scrutiny Committee at particular meetings or hearings**

**15.**—(1) Subject to paragraphs (3) to (5), the chair of the Statutory Committee must, having consulted the secretary of the committee, and with regard to—

(a) matters to be considered by the committee; and

(b) availability, experience and expertise of committee members,

determine the particular size and composition of the committee required for each hearing and any related meetings.

(2) Case management meetings of the Statutory Committee are to be conducted by the chair.

(3) The chair of the Statutory Committee must ensure that a member of the Committee who has sat in a formation of the Committee that has made an interim suspension order or an order for interim conditional entry in a particular case must not sit in subsequent proceedings in that case.

(4) Paragraph (3) does not apply where the subsequent proceedings relate solely to measures under paragraph 8 of Schedule 3 to the Order.

(5) For the purposes of paragraph (3), where an interim suspension order or an order for interim conditional entry is made in the course of the proceedings to determine a case substantively, the rest of the proceedings to determine the case substantively are not "subsequent proceedings" even if the case is adjourned (for whatever reason).

(6) At any meeting or hearing of the Statutory Committee or Scrutiny Committee, the number of registrant members considering a case must not exceed the number of lay members by more than 1.

**Provisions against bias**

**16.** No member of either the Statutory Committee or Scrutiny Committee may sit as a member considering a particular case, at any stage of the proceedings relating to that case, if that member has an actual, or potential, conflict of interest in relation to that case.

**Voting**

**17.**—(1) Decisions of either the Statutory Committee or Scrutiny Committee must be taken by a simple majority of the members, with the chair not having a casting vote.

(2) If a member of either the Statutory Committee or Scrutiny Committee abstains from a vote at a meeting or hearing of either committee, the member's abstention must be treated as a vote against the motion that has been put to the vote.

(3) Where the Statutory Committee is considering pursuant to paragraph 7 of Schedule 3 to the Order whether or not a person's fitness to practise is impaired, a tied vote is to be treated as a determination that the person's fitness to practise is not impaired.

**Functions of legal advisers**

**18.**——(1) A legal adviser (except where the chair is legally qualified)—

(a) must be present at all meetings of the Scrutiny Committee at which a decision is to be taken as to whether or not to—

(i) refer a case to the Statutory Committee, or

(ii) notify the Department to consider exercising any of its powers to bring criminal proceedings; and

(b) may be present at any other hearing before, or meeting of, the Statutory Committee or Scrutiny Committee, at the request of the chair or secretary of the relevant committee.

(2) The function of the legal adviser who is present at a meeting or hearing referred to in paragraph (1) is to ensure that proceedings before the Statutory Committee or Scrutiny Committee are conducted fairly.

(3) The legal adviser who is present at a meeting or hearing referred to in paragraph (1) must—

(a) advise the Statutory Committee or Scrutiny Committee on questions of law that are referred to the legal adviser by members of the relevant Committee;

(b) intervene to advise the Statutory Committee or Scrutiny Committee on an issue of law where it appears to the legal adviser that, without the legal adviser's intervention, there is a possibility of an error of law being made;

(c) inform the Statutory Committee or Scrutiny Committee immediately of any irregularity in the conduct of proceedings before it; and

(d) at the request of the chair, advise the Statutory Committee or Scrutiny Committee on the structure, format and presentation of the reasons for a decision of that committee.

(4) If the chair of the Statutory Committee is not legally qualified, a legal adviser must be present at any case management meeting conducted by the chair of the Statutory Committee.

(5) At the request of the chair, the legal adviser who is present at a meeting of the Statutory Committee or Scrutiny Committee referred to in paragraph (1) may be present during the private deliberations of either committee, but must not participate in the decision making of either Committee (and is not entitled to vote).

**Functions of clinical advisers**

**19.**—(1) A clinical adviser—

(a) must be present at any meeting of the Scrutiny Committee at which a decision is to be taken as to whether or not to refer a case to the Statutory Committee where the health of the person who is the subject of the case is to be, or is likely to be, considered;

(b) may be present at any other meeting of the Scrutiny Committee where health related issues are to be, or are likely to be, considered; and

(c) must be present at any meeting of, or hearing before, the Statutory Committee where health related issues are to be, or are likely to be, considered.

(2) The function of the clinical adviser who is present at a meeting or hearing referred to in paragraph (1) is to—

(a) advise the Statutory Committee or Scrutiny Committee on any issues within the clinical adviser's areas of medical expertise that may be referred to the clinical adviser by a member of the relevant committee; and

(b) intervene to advise the Statutory Committee or Scrutiny Committee on an issue where it appears to the clinical adviser that, without the clinical adviser's intervention, there is a possibility of an error being made.

(3) A clinical adviser who is present at a meeting or hearing referred to in paragraph (1)(c) must not be present during the private deliberations of the Statutory Committee.

(4) A clinical adviser must not participate in the decision making of any committee (and is not entitled to vote).

**Functions of specialist advisers**

**20.**—(1) A specialist adviser—

(a) may be present at any meeting of the Scrutiny Committee at which issues falling within the specialist adviser's specialty, or related to it, are under consideration by the Scrutiny Committee; and

(b) may be present at any meeting of, or hearing before, the Statutory Committee at which issues falling within the specialist adviser's specialty, or related to it, are under consideration by the Statutory Committee.

(2) The function of a specialist adviser at a meeting or hearing referred to in paragraph (1) is to advise the Statutory Committee or Scrutiny Committee on issues within the specialist adviser's areas of expertise that may be referred to the specialist adviser by a member of the relevant committee.

(3) A specialist adviser who is present at a meeting or hearing referred to in paragraph (1)(b) must not be present during the private deliberations of the Statutory Committee.

(4) A specialist adviser must not participate in the decision making of any committee (and is not entitled to vote).

**Requirements to give or repeat advice in public**

**21.**—(1) Subject to paragraph (2) any advice tendered by a legal, clinical or specialist adviser at a meeting or hearing of the Statutory Committee must be tendered in the presence of every party, or person representing a party, in attendance at the meeting or hearing.

(2) Where the Statutory Committee has begun to deliberate on its decision and needs to obtain advice

in the course of its deliberations, a legal adviser may tender advice to that Committee notwithstanding the absence of the parties or any person representing a party.

(3) Where advice is tendered in the absence of the parties or their representative in accordance with paragraph (2)

(a) the legal adviser must repeat the advice tendered to the Statutory Committee before the parties, or any person representing a party, in attendance at the hearing; and

(b) the parties or their representatives in attendance at the hearing must be provided with a reasonable opportunity to comment on the advice given by the legal adviser, before the Statutory Committee makes its decision on the issue under consideration.

**Requirements to keep records of advice and intervention**

**22.**—(1) The secretary to the Statutory Committee or Scrutiny Committee must keep a record of any advice tendered to either Committee by the legal, clinical or specialist adviser to either committee.

(2) The secretary to the Statutory Committee or Scrutiny Committee must keep a record of any interventions made by the legal adviser during the private deliberations of either committee.

(3) A record of any advice tendered by the legal, clinical or specialist adviser must be sent to the parties to the proceedings (that is, the Society and the appellant or person concerned, as the case may be) or their representatives, as appropriate, as soon as practicable after it has been tendered.

**Refusal by the Statutory Committee or Scrutiny Committee to accept advice**

**23.** Where any advice tendered by the legal, clinical or specialist adviser to the Statutory Committee or Scrutiny Committee is not accepted by that committee-

(a) the chair of the relevant committee must announce the reasons for not accepting the advice tendered; and

(b) the secretary of the relevant committee must-

(i) keep a record of the advice tendered, and the reasons why the relevant committee refused to accept that advice, and

(ii) send a copy of the record of the advice and the reasons why the relevant committee refused to accept that advice, to the parties to the proceedings (that is, the Society and the appellant or person concerned, as the case may be) or their representatives, as appropriate.

**Questioning of witnesses**

**24.** A legal, clinical or specialist adviser advising the Statutory Committee in accordance with these Regulations may, with the permission of the chair of that committee, question any witnesses appearing before that committee.

Sealed with the Common Seal of the Pharmaceutical Society of Northern Ireland on 8th August 2012.

*Roberta Tasker*
President *Trevor Patterson* Chief

Executive

The Department of Health, Social Services and Public Safety hereby approves the foregoing Regulations.

Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 8th August 2012

*Diane Taylor*
A senior officer of the
Department of Health, Social Services and Public Safety

## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations set out various matters relating to the Statutory Committee and Scrutiny Committee of the Council and to the functions of advisers to the Statutory Committee and Scrutiny Committee.

Regulations 1 and 2 deal with preliminary matters, including commencement and interpretation and regulation 3 sets out the composition of the Scrutiny Committee.

Regulations 4 and 5 set out the eligibility of former members of Council for appointment to the Statutory Committee or Scrutiny Committee and the disqualifications which apply for appointment to the Statutory Committee or Scrutiny Committee.

Regulation 6 sets out the circumstances in which the Council may suspend or remove a member of the Statutory Committee or Scrutiny Committee from office.

Regulation 7 confers additional functions on the Scrutiny Committee including the provision of an annual report to the Council.

Regulations 8 and 9 deal with the term of office of Scrutiny Committee members and the procedure for resignation from office of members of the Statutory Committee or Scrutiny Committee.

Regulation 10 sets out the circumstances where the proceedings of the Statutory Committee or Scrutiny Committee are not invalidated.

Regulations 11 to 13 deal with how vacancies on the Statutory Committee or Scrutiny Committee are to be filled (including provision requiring the Council to maintain a reserve list of Statutory Committee and Scrutiny Committee members) and providing a power for the chair of the Statutory Committee or Scrutiny Committee to co-opt members.

Regulations 14 to 17 contain provisions relating to meetings and hearings of the Statutory Committee and the Scrutiny Committee, including the requirement for each committee to have a secretary and that the number of members who are registered persons considering a case must not be in a majority of more than one. Additionally there are provisions against bias and which set out that voting will be by simple majority.

Regulations 18 to 24 deal with the functions of legal, clinical and other specialist advisers to both the Statutory Committee and the Scrutiny Committee. There are requirements relating to the manner in which advice is to be tendered and recorded, and to the announcing and recording of decisions not to accept advice from professional advisers. Professional advisers are also given the power, with the permission of the chair of the Statutory Committee, to question witnesses.

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