MINUTES OF THE COUNCIL MEETING THURSDAY 2nd OCTOBER 2012

Agenda Item	**Present** Jacqui Dougan (President) Garry McKenna (Vice President) Helena Buchanan Anne Marie Telford Martin Bradley Brenda Maitland Marie Smith Ciaran Hunter James Perry Paul Douglas Mark Nelson James Perry	**Apologies** David Jones
1. Introduction & Welcome, Apologies, Public Attendance noted	**In Attendance** Mr. T Patterson (Chief Executive) Mr. B Kerr (Registrar) Mr M Neale (Head of Public Affairs) Ms M McCorry (Post-registration Lead) Ms Chrisanne English (Senior Clerical Officer)	**Public Attending** None

	Discussion	**Action**
2.1 Minutes of the Council Meeting of 27th September 2012 2.2 Adoption of Minutes 2.3 Matters Arising	The President noted that minutes of the last Council meeting were for information and that matters arising would be addressed under the relevant section of the agenda. Council acknowledged.	
3. Tabling of Any	The President noted the following items under any other business:	

Other Business	• Corporate Governance • CPD Framework Launch • Council Vacancy • PSNI attendance at PSI Committees	
4 Correspondence Log	The Chief Executive asked Council to note the recent incoming and outgoing correspondence.	
4.1 Letter from CEO to Dr. Morrow, DHSSPSNI re invitation to join Pharmaceutical services in the Community Project Board – 3 August 2012 & reply from Emer Morelli, DHSSPSNI – 7 August 2012	The Chief Executive gave a brief background to the historical relationship with the DHSSPS and the PSNI in relation to the separation of regulatory and professional leadership functions. After discussing the scope and remit of the committee was felt that whilst the DHSSPS were only offering one delegate place, the presence of both the Regulator and Professional Leadership body has merit. The following additional points were noted: • Council agreed that clarity should be sought in relation to appropriate representation. • Council felt that the issue would be best addressed in a meeting with the Department of Health and the Executive Committee • It was noted that involvement in this committee could prove time consuming for the Regulator and that this would be an appropriate and useful platform for the Pharmacy Forum to provide a voice for the profession. **Action Point:** Executive Committee to meet with the DHSSPS to discuss this above concerns and report back to the next Council meeting	
4.2 Second letter from CEO to Dr Morrow, DHSSPSNI re invitation to join Pharmaceutical services in the Community Project Board – 8 August 2012		**Executive Committee**
4.3 Letter from Dr. Graeme Crawford to CEO re NI Committee for Postgraduate Pharmaceutical Education and Training (NICPPET) – 13 August 2012	The Chief Executive advised that this invitation would be discussed at under the Education Committee item in the agenda	
4.4 Letter from CEO to		

Joyce Cairns, DHSSPSNI re Revalidation for pharmacists in NI – 24 August 2012	The Chief Executive gave a background to the advice from the DHSSPS concerning Revalidation and advised that M McCorry will give a presentation which will address this correspondence in greater detail. See item 8.3.2.	
4.5 Emails and letter from Joyce Cairns to the CEO re Revalidation for pharmacists in NI – 5/6 September 2012		
4.6 Letter from CEO to Diane Taylor, DHSSPSNI re Recruitment to Council – 3 September 2012	The Chief Executive updated Council on the DHSSPS response to the remaining Council vacancy, explaining that there was a poor uptake for the position and that they were unconfident in the viability of the business case for re-recruiting. After a detailed discussion Council agreed that parity is treated as a matter of principle and that the Executive Committee should address the issue with the DHSSPS **Action point:** Council agreed that the Executive Team should discuss this issue during their meeting with the Department of Health	
4.7 Second letter from CEO to Diane Taylor, DHSSPSNI re Recruitment to Council – 20 September 2012		**Executive Committee**
4.8 Reply from Diane Taylor, DHSSPSNI re Recruitment to Council		
4.9 Email and Letter from T Spencer-Lane, Law Commission	The Chief Executive advised that this item of correspondence would be addressed under the Chief Executives Report.	
5. Legislation update: Final Report on Timetable	The legislative timetable was noted for information. It was noted that some Council members did not have the timetable included in the packs. **Action Point:** C English agreed to forward an electronic copy of the timetable with the minutes.	**C English**

6. Consultations and responses **CPD Framework**	The Post-registration Lead, Michelle McCorry, gave a presentation to Council on the CPD Framework. [Please see attached]. The presentation covered the current CPD process and what will change under the new framework. The following points were highlighted: **Merits of CPD:** • Professional requirement of registration *from June 2005* • Enshrined in Principle 6, Code of Ethics 2009 "Maintain and develop professional knowledge and competence" • Gives public confidence **Background:** • The CPD Regulations commit the PSNI to producing standards for CPD and a CPD framework • Consultation on new CPD framework is to be launched in autumn 2012. The 12-week consultation exercise is an opportunity for registrants and other stakeholders to consider the framework and suggest alternative options and ideas, where appropriate. The consultation will be conducted over a period that allows registrants sufficient time to consider the implications on their individual practice and to influence the final outcome. Any suggestions put forward will be given serious consideration by the Regulator. • Consultation on the new CPD Regulations closed 2 April 2012 • With the proposed enactment of new legislation in June 2013, CPD will become a statutory legal requirement of registration with the Pharmaceutical Society of Northern Ireland. • First removals for CPD non-compliance will happen from June 2014. • In the CPD regulations a definition of CPD is provided: "the continuing professional development which registered persons are required to undertake in order to have their name retained in the register and to maintain competence…" **What happened in June 2012:** • Approximately 10% of register (circa 250 registrants) had portfolios randomly selected. • In most circumstances we expect the registrant to complete 30 hours CPD (25 hours learning activity + 5 hours documentation) • A pro-rata submission of 15 hours is permissible if the registrant has worked less than 6 consecutive months in pharmacy practice e.g. a female registrant on maternity leave • A registrant called to submit CPD portfolio in June 2012 was assessed under existing arrangements and not under the new statutory framework. The registrant's portfolio was assessed and one of two results was awarded: *met or not met standard. (Options(1-4) removed)* • If the registrant's portfolio has not met standard a further opportunity in *reassessment* will be	

provided to submit 3 additional CPD cycles. The 3 new CPD cycles must be submitted within 2 months and must be from the current year's (2012/2013) CPD portfolio. There is no requirement for a set number of hours to be completed.

- The registrant will receive a letter detailing the result and feedback on his portfolio will be made available online (please note this marks a change from last year when he would have received a feedback report along with the result letter).
- If the registrant has not submitted a portfolio as requested or has been unsuccessful after reassessment a 'non-compliance notice' will be placed on his individual file. No further action will be taken.
- It is essential that all registrants continue to maintain their CPD portfolio to the appropriate standard in preparation for statutory CPD framework in June 2013

What happening now:

- CPD assessment and reassessment
- CPD Review since August 2011
- CPD Framework pre-consultation (in final phase) and consultation (due soon!)

CPD Framework currently addresses:

- CPD Requirements
- Non-compliance with the CPD requirements
- Consequences of non-compliance
- Procedure for restoration to the register after CPD non-compliance

What is changing with the introduction of a New CPD Framework:

- Submission from all registrants
- 2 reassessments
- Application process for '*extenuating circumstances*'
- Appeals process
- Restoration process after removal for '*non-compliance*'
- Facilitation support via Pharmacy Forum

The recent change to the Regulations:

- On the 26/09/2012 the DHSSPS announced a change to the regulations, requiring a removal of all references to registrant being able to request a hearing of Statutory Committee to seek advice [regulation 32 of FtP regulations incorrectly referenced in CPD regulations 7 (2) (b) ii (2012)]
- DHSSPS will be making amendments to regulation 5 and 7 of CPD regulations

	• There may be a consultation on the amendments (to be confirmed) • This will not affect the new CPD Framework – so we will go out to consultation as planned. **Solicitor comments to be added:** • Align framework more closely with legislation • Framework needs to be read in conjunction with legislation • 'Definitions' are consonant with legislation • Consolidation of powers of Registrar • The term '*reassessment*' has been removed – now covered in '*remedial measures'* • New section on '*Process for Removal of an Entry or Annotation*'. M McCorry advised that the document is currently being refined in readiness for consultation, however if anyone who wants a copy or wishes to discuss the framework in more detail should contact her directly. Council thanked Ms McCorry for the presentation. The following points were noted: • The framework document will be published in October for 12 weeks - this may be delayed in order to extend the response deadline until after the Christmas period • Consultation responses will be collated and submitted to Council for consideration • There will be a communications exercise to inform registrants of the new legislative requirements and an official launch of the new CPD framework prior to June 2013. Both the Education Committee and the Head of Public Affairs will be responsible for planning this.	
7. Staff Reports **7.1.1Chief Executive's report**	The Chief Executive updated Council on the CEO report and key engagements attended since the last Council meeting, the following were highlighted: **NICVA meeting** The Chief Executive advised that this was an exploratory meeting on membership benefits – primarily for PASS, currently under consideration **Law Commission Update:** • They have received approximately 200 responses received so far • A key tension has been identified between autonomy and accountability • There is a trend in desire to retain Privy Council • There is some support for an enhanced CHRE role but there are questions around resourcing, and concern that autonomy may lead to inconsistency, but would allow innovation.	

- There is great support for main duty to include public confidence
- There is a mixed view on student registers
- There is support for CPD requirement and a power to revalidate
- There was support for the allegations to be abolished, however mediation not favored though support for consensual disposal but with consistency in rules.
- On devolution there was great complexity in views, the devolved NI context is unique in the process so it may not be consistent with status quo of the wider questions concerning other regulators.

CESG - Law Commission presentation
The Chief Executive advised that this presentation covered the same as above however the issues around devolution were minimized.

CESG – Department of Health
The Chief Executive advised that Gavin Larner, in addition to leading the Francis Enquiry response team is also to be involved in the response to Hillsborough. Council were advised that Luke O'Shea has now been seconded to Francis team, and his presentation said that the closing remarks pointed to issues around culture, leadership, the need to be patient-centric and a significant critique of nursing. Issues around information handling, commissioning and the role of GPs and the overall regulatory structure were highlighted. A toxic culture was identified, even with the formal complaints systems and questions were asked about how patients are heard. Also issues around unregulated workers, the Fitness to Practise functions of professional regulators, clinical leadership, staffing levels and the duty of candour.

Nursing and Midwifery Council
The Chief Executive advised that the NMC have notified the Society of their new structure, Mark Addison takes over as Chair on 10/9/12, they are currently consulting on a fee increase from £79 to £120.

CHRE
The Chief Executive advised that the Society are expecting to publish an Effectiveness and Efficiency Report in November and is likely to suggest re-visit next year now that there is a benchmark. A paper on Revalidation (Continuing fitness to Practice) is expected to be complete in the next month. There have been significant resourcing issues at CHRE as they are bound to replace leavers from the pool in DH first before going to market.

Technicians
The Chief Executive advised that a survey will be conducted via premises to establish interest in voluntary or statutory register and revert to new Council with a business case.

Trust and Charitable Funds – to be addressed under the Resources Committee section on the agenda.

	Existing Committees of Council The Chief Executive asked Council to note the request to write to committees when the future population has been agreed to thank non-transferring members for their service. **Action point:** Council agreed that a formal letter of thanks would be sent to non-transferring members of the previous Council for their service	**CEO and Office staff**
7.1.2 DHSSPS response to Law Commission consultation	The Head of Public Affairs gave background to the Law Commission consultation and the relationship with the PSNI and the Department of Health. Council were updated on the recent response from the DHSSPS to the Law Commission Consultation. M Neale explained that the information has been available from June but that the Society had been made aware that this was available within the last week. The Head of Public Affairs drew attention to inconsistencies within the response from the Department of Health, notably the support of appointments by Council via a scheme of delegation, yet the refusal to acknowledge the Pharmacy Forum. Council were advised of the timetable for development of the consultation • Reponses will be made available mid October 2012 • A policy paper indicating the direction of travel will be privately available from early 2013 • The final policy document will be available at the end of 2014 **Action point:** M Neale agreed to further tabulate the regulator response and DHSSPS responses to the Law Commission and bring it to Regulatory Compliance to consider next steps.	**Head of PA for the next meeting of the Regulatory Compliance Committee**
7.1.3 Fitness to Practise panel Members list	The Chief Executive gave a background to the requirement for separation between prosecution and adjudication as per the Trust Assurance and Safety white paper, and advised that a recruitment agency was used to separate the appointment process. Council were advised of the resulting list of appointed Fitness to Practise Committee members list.	**Proposer: M Nelson Second: C Hunter**

7.1.4 T Hinds proposal from Resources	**Key decision:** Council Approved the list of appointees to the fitness to practice committee. **Action point:** Following approval by Council the Chief Executive agreed to confirm the Appointments of the Fitness to Practice Committees In relation to the remaining vacancy on the Fitness to Practise Committee the Chief Executive drew attention to the attached proposal to re-recruit. This item will be discussed in greater detail under the resources committee update.	**CEO – as soon as possible**
7.2 The Registrar Report 7.2.1 Appendix A: Pharmacy (Northern Ireland) Order 1976 and The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2012 Amendment to Article 4 of the principal Order 7.2.2 Appendix B: "Rebalancing" medicines legislation and professional regulation 7.2.3 Appendix C: Pharmacists removed from the	The Registrar updated Council attached report and highlighted the following: **Registration** • Registration statistics with emphasis on the number of those removed from the register • Pre-registration professional examination on 3rd October 2012 • Annual Registration report to follow in October 2012. • Standards Development o Code of Ethics - defined as a Council standard –see Appendix a The Registrar highlighted that the Code of Ethics needs to be defined as part of legislation – Council agreed that this was a priority to be addressed by the standards and guidance committee. • CPD framework - nearing completion approved for consultation 27th September 2012 • Raising concerns- draft to next standards meeting 1st October 2012 • GPhC practise standards - impact assessment at standards meeting 1st October 2012 • Pharmacist Prescribing consultation - with Public affairs • Internet standards - with Public affairs **Independent medical services - see Appendices D & E** The Registrar explained the possibility of a regulatory blind spot in relation to the above services, and detailed his attempts to investigate the issue via correspondence with the RQIA. After a detailed discussion Council noted the following: • There was agreement that this issue should be treated as a priority	

register	• The CQC does not operate in Northern Ireland • The Pharmacy Forum are not aware of the issue • The Code of Ethics may provide a framework for safe practice however it was felt that there should be legislative standards in place.	
7.2.4 Appendix D: Patient Group Directions (Pgd)	**Fitness to Practise** • The Scrutiny committee meeting on 21st September 2012 have 4 cases under review • There haven't been any Statutory committee meetings • There are currently ten open complaints or concerns • There have been 11 Cases closed by registrar • Bi-annual FTP report to follow in October 2012	
7.2.5 Appendix E B Kerr to G Houston, RQIA, cc N Morrow	**Legislative change** • Human Medicines Regulations came into force on 14th August 2012. See e ii and iii • Rebalancing of medicines legislation [medicine supply components and professional (people) regulation. See appendix b ○ supervision ○ governance ○ dispensing errors **Committees / Meetings** • Regulatory Compliance Committee, 14th August 2012. • Mark Timoney 31st August 2012 [Human Medicines Regulations] • MHRA teleconference [Human Medicines Regulations] 3rd September 2012 • Local Intelligence Network [LIN] Castle Buildings 4th September 2012. • Statutory and scrutiny FTP committee induction and training 13th and 14thr September 2012. • Pharmacy Network Group [PNG] 18th September 2012. • Medicines optimisation teleconference 19th September 2012 • Regulatory Compliance Committee 19th September 2012. • AGM 20th September 2012 **Key decisions or actions completed 27th September 2012 Council meeting**: • The Council confirmed the adoption of the Code of Ethics as published in June 2009 as standards for the safe and effective practise of a pharmacist • Letter to RQIA on independent medical services i.e. non NHS	
7.3 Head of Public Affairs Report	The Head of Public Affairs updated Council on the following activity: **Recent News**	

	The Department of Health published a press release announcing the new appointees of Council of the Pharmaceutical Society. Ulster Unionist member J McAlister has resigned from the Health Committee **Political issues** The Assembly returned on Monday 10th September, in relation to Pharmacy the Health Committee considered and approved the Regulations attached to the new legislation at their meeting of 19th Sept. No issues were raised and the legislation with the accompanying regulations are now due to take affect from 1 Oct 2013 Ulster Unionist Party Conference, two members of staff attended this event engaging with key MLAs and other party activists. **Branding Exercise** The Branding exercise is now complete, with the new brand being set to used from the launch of the new Council, it has been decided that where appropriate the Branding will be used on all publications going forward, but documents will not be retrospectively changed. Therefore the likes of the Code of Ethics will continue in the old livery until a new run or a revamp is complete. **Website** It is anticipated that the new website will be up and running this week. Due to the level of work and the complexity of some of the changes required it will be completed by the end of October. At launch the key pages will be available with the essential search the register, and the details of how to contact the organisation, make a complaint and to register will be available. **Policy issues** M Neale updated on the following: • The Interim Disclosure Policy has been completed • The Pharmacy prescribing consultation is ready to go out to consultation. • The Society Annual Report is available upon request. • The Policy Adviser is currently working on the consultation on internet standards which will be available shortly. M Neale gave detail on the current protocol for processing consultations and communicating outcomes to stakeholders and registrants.	**Head of PA – before 14th October**

	Action Point: M Neale agreed to submit a workload schedule on consultations to Council before the 14th October indicating substantive pieces of work and their relative timescales in particular their expected dates to committees and Council. **Future consultations:** • CPD Framework	
7.4 Pharmacy Forum Report	The Chief Executive updated Council on the recent activity of the Pharmacy Forum. See attached report. Council enquired whether the Pharmacy Forum will be working in parallel with the CPD framework terms of facilitation. The Chief Executive confirmed that this was the case.	
8. Report from Committee Meetings:	The Vice President thanked those put their names forward for committee membership. However he felt that it would be more appropriate for Council to nominate an Honorary Treasurer given the nature of the role. Council agreed. **Action Point:** It was agreed that nominations for the position are forwarded by email before close of business on the 12th October 2012 **Key Decision:** The following governance was approved: • The Chair of the Audit and Risk Committee may not sit on any other Committee • A member of the Audit and Risk Committee may not chair another Committee • Quorum for the Committees is no more than three members but no less than two **Key Decision:** The following appointments to the Committees of Council were confirmed:	**All Council members before close of business on the 12th October 2012**

Audit & Risk Jim Perry (Chair) Brenda Maitland Marie Smith	**Resources** Ciaran Hunter (Chair) Mark Nelson Paul Douglas	**Education** Lisa Byers (Chair) David Jones Martin Bradley	
Standards & Guidance Mark Nelson (Chair) Helena Buchanan Paul Douglas	**Registration** Helena Buchanan (Chair) Marie Smith Anne-Marie Telford	**Fitness to Practice** Anne-Marie Telford (Chair) Ciaran Hunter David Jones Garry McKenna	
Regulatory Compliance Jacqui Dougan (Chair) Anne-Marie Telford Lisa Byers Mark Nelson Helena Buchanan Garry McKenna	**NICPPET** Lisa Byers Brenda Maitland		

Action Point: It was agreed that the Education Committee and the Standards Committee would have the ability to retain committee members to assist with transition – at the Chairs discretions and reviewed in 3 months. At this point the positions would be unremunerated. All non retained committee members will be sent a letter thanking them for their contribution	**Chair of the Education Committee**
Action Point: Council agreed that minutes of the previous committee meetings would be forwarded to the relevant chairs.	**Office staff – as soon as possible**
Key Decision: The Committees of Council agreed the following pieces of work:	
Education Committee CPD Framework Launch Revalidation	

	Regulatory Compliance Law Commission consultation – response to the Department's comments Investigate the arrangements for the regulation of flu-jabs and dermatological consults by prescribers	
	Executive Committee To meet with the department to discuss action points 1 and 2 and possibly the issue on flu jabs etc above Conduct a review of the corporate governance handbook Develop a proposal for Council to delegate executive powers to the committees and CEO	
	Audit and Risk Conduct a review of the remit of the examinations committee. Policy Work: Raising concerns	
	Standards and guidance Raising concerns Practise standards related to GPhC Monitored Dosage systems standards Human Medicines Regulations their effect Code of Ethics and its annual review and any further development of associated standards	
	Registration As per minute of last meeting	
8.1 Resources Committee 8.1.1 Minutes of the last meeting	Council were updated on the recent activity of the resources committee The following motions were proposed: **IT Licenses: Motion to Council:** To approve a cost of £11,533 to purchase client access licenses for all pc's/services and upgrading computer software from windows 2003 to windows 2010. This is a one off cost that should last between 5 and 6 years or until a window upgrade is required.	

8.1.2 Letter from Trevor Hinds	**Fitness to Practise Recruitment: Motion to Council:** Council to approve proposal to enter second recruitment round for registrant Fitness to Practise panel members at a cost of £1,850 and as per the attached paper	
8.1.3 CPD Framework Promotion and Launch	M Neale briefed Council on the Proposal for CPD Framework Launch and recommended that the initial CPD framework launch will take the form of a webcast, comprising of a power point presentation with an attached voice over which will be hosted on our new website, there will be a facility for e-mailing questions. We will also hold an information meeting in Society House within two months of the launch and be prepared to hold another meeting should the demand be there, all relevant stakeholders will be invited. **Motion to Council:** Council is asked to approve the CPD Launch Proposal. **Key Decision:** Council agreed the proposal.	
8.1.4 Trust Deeds: • CW Young • R McMullan • PASS	The Chief Executive explained the background of the funds and the setting up of the trusts and registration as new charities, as part of the transfer of trusteeship to the Pharmacy Forum. Chrisanne English was introduced as the Pharmacist Advice and Support Coordinator. **Motion to Council:** Council are asked to approve Trust Deeds as attached for issue to Pharmacy Forum Board and registration with Inland Revenue **Key Decision:** Council agreed the proposal.	
8.2 Regulatory Compliance Committee **8.2.1 Minutes of the last meeting:** • September	Council were updated on the actions and outcomes of the previous committee meetings, the following points where highlighted: **August 2012 meeting:** • Development of CPD framework which is now with Society's solicitors CFR for legal review • Recruitment of new CPD assessors and their training and induction	

2012 • August 2012	• CPD reference group continues to meet every 2 months as and when required • Communications plan and appropriate budget is next issue for CPD - obtaining full' buy in' from pharmacists essential • Revalidation paper circulated from Michelle McCorry to develop work on revalidation policy • Dr Fiona Allen NIMTA to join the education committee • Communications plan and budget to be circulated to RC • Equality impact to be developed for cpd framework • circulate briefing paper on raising concerns for next meeting • Terms of reference to be submitted for agreement of council • All chairs to now review risk with committee members and develop action plan for audit of risk. Report on outcomes to audit and risk committee **September 2012 meeting:** • Resources committee decision (18 September) on funding for CPD framework consultation communications plan and associated activities • Equality Impact Assessment to be developed for CPD framework • New committee to agree work plan and audit • Chairs concluded that the new committees should decide how best to take forward an action plan for audit and risk i.e. format, content, measurements, reports etc • Council to approve Interim Disclosure Policy • In relation to Pseudoephedrine alert and the extemporaneous preparation of methadone, next steps to be discussed and considered- Registrar to lead	
8.2.2 Disclosure Policy	M Neale introduced the Interim Disclosure Policy and it's current remit. Council were advised that the policy is not retrospective. The final policy will be compiled and consulted on. **Action point**: M Neale agreed to progress a communication plan for the interim disclosure policy and deliver same	**The Head of PA**

8.3 Education Committee: 8.3.1 Minutes of the last meeting	Council were updated on the recent activity of the Education committee, after which the minutes were adopted.	**Proposed: H Buchanan** **Seconded: L Byers**
8.3.2 Revalidation Position Paper	The Post registration Lead gave a presentation on Revalidation which covered the following points: • **Title: Revalidation: where are we now and what happens next** • **Milestone definitions, which have influenced the direction of travel for PSNI:** o **Trust, Assurance and Safety (2007):** "Revalidation is necessary for all health professionals, but its intensity and frequency needs to be proportionate to the risks inherent in the work each practitioner is involved" o **Non-medical Revalidation Working Group:** "We agree that the regulatory body for each non-medical profession should develop the professional standards that the registrant will need to meet and demonstrate by provision of evidence to maintain their registration. It will be important that those standards and arrangements for assessment are proportionate to the risk that each profession may pose to the public". o **Enabling Excellence:** see presentation. • **Current Issues:** o Public expectation o Preventing adverse events o Increasing fitness to practise cases o Improving safety and quality of care to patients • **Purpose of the Revalidation Position paper** o Updates from the other 8 UK healthcare regulators o Stated position of a number of key stakeholders, in particular, DHSSPSNI and GPhC. • **Proposed next steps:** o case to date o political backdrop o await release of CHRE policy on non-medical revalidation M McCorry updated Council on the Inter-regulatory meeting on Monday 24th September and asked for consideration of the following: • With the appointment of a new Health Minister in London, non-medical revalidation has fallen off the agenda for the time being. The reason for this is the widely anticipated Department of Health pronouncement on the Francis Enquiry. This will be the second report on the Mid- Staffs	

	scandal. The report is likely to be: o hard hitting o send waves throughout the health service, and o impact on the healthcare regulations • The Department of Health, London, have advised that there will be no announcement on non-medical revalidation before April 2013 • While non-medical revalidation is left simmering for now, medical revalidation is heating up with the first raft of medical appraisals starting in Dec 2012. They will begin with the senior medics, CMOs. • There is an attitude amongst colleagues at Department of Health, London, to take a 'wait and see' approach – they wish to see how medical revalidation beds in before issuing a statement on non-medical revalidation. M McCorry highlighted the following points to Council which may affect any final policy decision on revalidation: • CHRE are currently working on a non-medical revalidation policy which will: o complement the 12 principles reported by the Non Medical Revalidation Working Group (2008), and o outline what revalidation needs to achieve across all the healthcare regulators • Other regulators, including the GMC assert that CPD needs to be a cornerstone of revalidation and that the system for CPD must be robust and quality assured. Like us, many of them have/are conducting reviews of their CPD processes. • There is speculation that revalidation will be renamed e.g. 'Continuing fitness to practise'- it is expected that Department of Health London will announce this when it makes its statement on non-medical revalidation. • The next inter-regulatory Revalidation Meeting will be held in early 2013 in Northern Ireland Council asked for further details of the current work being done by the other UK regulators around revalidation. M McCorry advised that this is mainly around the enhancement of their existing CPD processes/systems and developing their evidence base for revalidation.	
8.3.3 Examiners Report June 2012	The examiners report was attached for information. The committee Chair advised that following a recent remarking of exam papers the terms of reference of the Examination committee would be redefined by the Audit and Risk Committee.	

8.3.4 Procedures for the Initial Education and Training of Pharmacists in Northern Ireland 2012	The Chief Executive updated Council on the background of the Memorandum of Understanding between the PSNi and the GPhC and the subsequent service level agreement: Procedures for the Initial Education and Training of Pharmacists in Northern Ireland 2012. Council were advised that this is currently a live document and that they should forward any comments or suggestions to the Chief Executive at their soonest convenience. **Action Point:** Council queried whether the document reflected the tone and content of the legislation. The Chief Executive advised it did but that this would be double checked and reported to the next Council Meeting.	**Office staff – as soon as possible**
8.4 Standards and Guidance Committee Future Work	Council were advised that the Standards and Guidance Committee had not yet met but that the future work of the Committee would include the following: • The self selection of Pharmaceutical Medicines • Governance and Supervision as handed over from the previous committee • Raising concerns • Practise standards related to GPhC • Monitored Dosage systems standards • Human Medicines Regulations their effect • Code of Ethics and its annual review and any further development of associated standards • Premises Standards	
8.5 Fitness to Practice	Council were advised that this committee has not met yet.	
8.6 Registration Committee 8.6.1 Minutes of the last meeting 8.6.2 Key action and	Council were updated on the recent activity of the Registration Committee, the following actions were highlighted: ▪ BK/PMcK to review standards for pre-registration training with regard including a standard relating to an agreed extension of pre-registration training beyond 12 months ▪ P McK to review current confirmation of pre-registration training letter and report on whether or not a pre-registration training 'year' or 12 months training are referred to	

Decisions	▪ CHRE's comments, with regard registration processes/KPI's, to be circulated to the committee for review ▪ Registration department to conduct a survey on the value of the pharmacist ID cards as experienced by those registrants who have received a card in the last two years ▪ The Committee agreed that a standard should be developed with regard employer obligations/responsibilities to check the register when employing a pharmacist and at key points in the year ▪ Evidence to be presented to the committee reporting on disaster recovery measures in place, describing how these are implemented, how often and by whom ▪ SOP to be put in place to prevent an incident whereby Regulator breaches data protection responsibilities ▪ Risk to be added to risk register that highlights risk associated with pharmacists continuing to practise whilst not registered, describing the consequences as reputational damage to the profession ▪ Risk to be added to risk register that highlights risk associated with an allegation by a pre-registration trainee that they have not been trained by their tutor the appropriate standard ▪ Risk to be added to risk register that highlights risk associated with a pre-registration trainee challenging the PSNI on their existing policy that a trainee is allowed 3 attempts to pass the registration examination 3 times and the gaps in the legislation in that regard ▪ Risk to be added to risk register that highlights risk associated with the gap in legislation with regard provisions for returning to practise ▪ Risk to be added to risk register that highlights risks associated with a lack of route of registration available to technicians in Northern Ireland. Item to be added to agenda for next meeting to address issues with regard planning for technician registration/regulation in Northern Ireland, including conducting exercises to assess PSNI capacity and resources to introduce a voluntary register for technicians. ▪ PMcK to produce a report for next meeting of registration committee highlighting evidence or lack of for requesting a health certification by GP on joining trainee register ▪ Registration department to review DHSSPSNI policy on retention and destruction of information held to devise PSNI policy with regard these issues ▪ Interim disclosure policy to be added to agenda of next meeting of Registration Committee **Action Point:** Council agreed that minutes of the previous committee meetings would be forwarded to the relevant chairs.	**Office staff – as soon as possible**

9. Recent and Coming Events	None were noted.	
10. Any Other Business CPD Framework Launch	This item was covered under item 8 and item 8.1.3.	
General Housekeeping	Council were reminded to complete their expense forms as soon as possible to ensure prompt payment.	
Council Vacancy	This item was discussed under item 4.1 and 4.2.	
PSNI attendance at PSI Committees	The President asked Council to consider whether to continue the mutual attendance at the PSI Education and Legislation and standards committees. Council agreed that this should continue. **Action point:** Council requested a report from the registrar concerning the interface with the PSI on RQR **Action point**: CEO to liaise with PSI on reciprocal committee membership	**The Registrar** **The CEO**
Corporate Governance	Council were asked to consider approving work on corporate governance that will devolve certain executive powers to committees via a scheme of delegation to assist them to work more efficiently. Council agreed, further information at item 8.	
Committee Meeting particulars	Concerns were raised about the flexibility of the proposed schedule of Council and Committee meetings. It was highlighted that these meetings must take place during the day.	

	Action point: The President requested that all Council members forward by email any constraints that may affect their ability to attend a meeting on a certain day. **Action point:** The Chair advised that Council minutes must be out with members 5 working days prior to any council meeting and hence all committees are reminded that they must have their minutes into office on time.	**All Council members** **All Committee members**
Council Strategy Day	Council were asked whether a Strategy Day is deemed appropriate at this stage. Council agreed that it was. **Key Decision:** Council agreed to hold a Strategy Day on either 27 or 28 November 2012 – 0930 to 1630 on strategy – doodle poll to be run and most popular day to be selected.	**Office staff – as soon as possible.**
11. Next meeting	The next meeting was confirmed for Tuesday 20th November 2012.	