

National Pharmacy Board (NPB) meeting – 29 September 2022

For the joint three-country Board items there will be a Zoom link between the SPB, EPB and WPB This meeting will be in person at East Smithfield for EPB members, with Zoom link available for anyone unable to attend in person, and hybrid between Melville Street and Zoom for SPB members, and hybrid between Ash Tree Court and Zoom for WPB members. For the joint three-country Board items there will be a Zoom link between the SPB, EPB and WPB.

NATIONAL PHARMACY BOARD OPEN BUSINESS AGENDA – 29 September at 09:00

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item Chaired
1. (09:00)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
2.	Apologies	For noting	Verbal	To note apologies received	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
3.	a. Declarations of Interest b. Board members functions and duties	For noting	22.09/EPB/SPB/WPB.03a 22.09/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair

4	Minutes and matters arising	For decision	22.09/NPB/04	To approve minutes from the open business of NPB meeting on 28 June 2022 and to discuss the matters arising from these minutes	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
5 (9.15)	Professional Leadership	For discussion	22.09/NPB/05	To discuss emerging themes from RPS communications review. To receive an update on the UK Professional Leadership Commission	Paul Bennett (CEO) and Claire Anderson (President)	Andrew Carruthers, SPB Chair
6 (10.00)	AGM motions	For discussion and decision	22.09/NPB/06	To discuss AGM motions that have been referred on to the National Boards for decisions	Policy Team Laura Wilson, Practice and Policy Lead Scotland Heidi Wright, Practice and Policy Lead England Alwyn Fortune, Policy and Engagement Lead Wales	Andrew Carruthers, SPB Chair
11.00am Comfort Break (10 mins)						
7. (11.10)	Workforce: a. Pharmacy Pressure b. PGDs for pharmacy technicians (Note this item is an introduction only – discussion is in next item)	Verbal and Pharmacy pressures Position Statement, plus PGD paper	22.09.NPB/07 (i) and (ii)	To introduce the discussion for each Country Board to decide on next steps	Ravi Sharma Director for England	Andrew Carruthers, SPB Chair

Country Teams Break out room						
8 (11.15)	Workforce (discussion of item 7)	For discussion	As above	To discuss country specific next steps	Country Board Chairs	Country Board Chairs
To return to plenary for roundup of Country Board decisions on next steps for pharmacy closures						
9 (11.45)	Workforce (feedback on item 8)	For discussion	Feedback	Plenary session reporting back on decisions regarding next steps in England/Scotland/Wales (5 mins per Board)	Chairs or Vice Chairs	Country Board Chairs
10 (11:50)	Health inequalities (introduction)	For discussion	22.09.NPB.10	To receive a presentation about the proposed development of Health Inequalities policy and findings from early research. Discussion to follow in country breakout rooms in item 11 below.	Clare Morrison, Director for Scotland, and Laura Wilson, Policy & Practice Lead Scotland, RPS	Andrew Carruthers, SPB Chair
Country Specific Break out rooms (England/Scotland/Wales)						
11. (12.00)	Health inequalities (discussion)	Verbal	For discussion	To discuss the questions posed by the paper in item 10. Feedback to Country Teams to bring draft policy together.	Andrew Carruthers, SPB Chair Thorrund Govind, EPB Chair Cheryl Way, WPB Chair	Andrew Carruthers, SPB Chair Thorrund Govind, EPB Chair Cheryl Way, WPB Chair
Country Boards to Return to plenary						

12 (12.35)	Papers for noting	For noting	22.09.NPB.12 (i),(ii), (iii), (iv), (v), (vi), (vii), (viii), (ix)	<ul style="list-style-type: none"> i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy and consultations v. Public Affairs vi. Sustainability vii. Pharmacogenomics viii. Inclusion & Diversity ix. Workforce wellbeing 	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
Close of NPB Open meeting – 12.40						

Country Boards to meet separately after lunch at 13.30 – see below for link to agendas and papers

Click below for

English Pharmacy Board open agenda and papers

Scottish Pharmacy Board open and papers

Welsh Pharmacy Board open agenda and papers

English Pharmacy Board meeting 28/29 September 2022

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Martin Astbury

- Morrison's Pharmacy pharmacist (employee)
- Pharmacy Research UK charity trustee
- member of the RPS Pharmaceutical Publications (PhP) board

Emma Boxer

- Lead pharmacist CHOICE Ltd, Sunderland outpatients
- Rheumatology pharmacist, Sunderland Royal hospital
- Committee member of the RPS, Early careers pharmacist advisory group
- NICE adoption and impact panel member

Sharon "Sibby" Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member

OPEN and CONFIDENTIAL BUSINESS

- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- “The Menopause Group” Pharmacist Consultancy
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Sister – Regional Lead Pharmacist Interface Clinical Services
- Sister – Pharmacist Boots Ireland
- Brother-in-Law – Pharmacist HSE Ireland

Mary Evans

- No interests to declare

Thorrund Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrund Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Member of Greener Practice Oxfordshire

OPEN and CONFIDENTIAL BUSINESS

Alisdair Jones

- partner works in the NHS as an occupational therapist,
- member of national executive as Treasurer to the PDA Union.
- member of the governing body of St Mary's Primary Academy, Folkestone.
- Member of The Pharmacist Cooperative
- Member of the Primary Care Pharmacy Association

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- NHS Sunderland CCG
- North East and North Cumbria ICS
- Member of the Guild of Healthcare Pharmacists

Erutase Oputu

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Professional Expert, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

Scottish Pharmacy Board

Updated September 2022

Declaration of Interests

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Fellow, UK Faculty of Clinical Informatics
- Clinical Safety Officer, NHS National Services Scotland (NSS)
- Consultant Clinical Informatician - NHS National Services Scotland
- Director: 2Bishops Consulting Ltd

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Partner is a civil servant working for Social Security Scotland- branch of the Scottish Government
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Senior Pharmacist – Medicines Governance at NHS Greater Glasgow & Clyde
- Member, RPS Scottish Pharmacy Board
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion & Diversity
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A private pharmacy)
- Lead Pharmacist, GMEDs
- Locum Pharmacist

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Kelsey Drummond

- Honorary Life Member, British Pharmaceutical Students' Association (BPSA)
- Member, RPS Scottish Pharmacy Board
- Member, NES Learner Reference Group
- Bryony Drummond (sister), Senior Practice Pharmacist, NHS Fife
- Rotational Pharmacist, NHS Fife

Josh Miller

- Employee, NHS GGC and NHS NES
- Member, NHS GGC Area Pharmaceutical Committee
- Member, NHS GGC Pharmacy Contractors' Committee
- Member, RPS Scottish Pharmacy Board

Richard Shearer

- Lead Pharmacist, Advanced Clinical Services, NHS Lanarkshire
- Professional Secretary and member, SP3A Practice Pharmacy Sub-group
- Member, NHS Lanarkshire Area Pharmaceutical Committee
- Member, RPS Scottish Pharmacy Board

Jill Swan

- Member, the Royal Pharmaceutical Society
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, RPS Pharmacogenomics Project Stakeholder Group
- Member, UK Pharmacogenetics and Stratified Medicine Network
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Director, The Brush Bus Ltd

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)
- Lead negotiator, committee local pharmaceutical services with NHS Highland

- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- Lead Partner –Commonwealth Pharmacists Association Antimicrobial Stewardship Programme project with two hospitals in Ghana 2019 to date
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: 12 September 2022

September 2022

Welsh Pharmacy Board - Declarations of Interest

Cheryl Way

- Digital Health and Care Wales
- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics
- Chair of Welsh Pharmacy Board

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union
- Member of PDA Union Executive Group

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.

- Member of Wales Board RPS.

Elanor Thomas

- Pharmacist Partner / Senior Practice Pharmacist (8C) The Ashgrove Surgery.
- Director Prescribing Matters Ltd
- Honorary Lecturer / IP tutor (Part time on a consultancy basis) Welsh School of Pharmacy, Cardiff University,
- Prescribing Adviser for Rhondda Cynon Taff Local Health Board (now trading as Cwm Taf Morgannwg University Health Board) Royal Glamorgan Hospital

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB
 - Executive Board Member: Pharmacy Delivering a Healthier Wales
 - Board Member: All Wales Medicines Strategy Group
 - Member of All Wales Medicines Strategy Group Steering Committee
 - Member of the Welsh Pharmacy Board

Geraldine McCaffrey

- Betsi Cadwaladr University Health Board
- Executive Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.
- Member – Unite the Union/Guild of Healthcare Pharmacists.
- Vice Chair – Pharmacy Research Wales
- Vice Chair – Welsh Pharmacy Board

Helen Davies

- Pharmacist Team Leader for Education, Training and Workforce Development in Primary Care. Cwm Taf Morgannwg University Health Board from March 2018.
- From March 2018 to February 2021 - HEIW teaching sessions (cardiology)
- Sessions from 2011 onwards
- Member of UKCPA
- Member of PCPA
- Cwm Taf Morgannwg UHB representative for AWPAG

Gareth Hughes

- Deputy Superintendent & Wales Clinical Lead at Avicenna Retail Ltd

- Board Member of Community Pharmacy Wales
- Member of the Royal Pharmaceutical Society
- Member of the Faculty of Clinical Informatics
- Primary Care Cluster Community Pharmacy Lead for Rhondda
- Member of Choose Pharmacy Clinical Reference Group
- Member of Digital Medicines Management Group
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of ePrescribing Expert Panel
- Member of Antimicrobial Stewardship Primary Care Work Stream (Cwm Taf Morgannwg UHB)
- Member of Medicines Support at Home (MS@H) Review Panel
- (Cwm Taf Morgannwg UHB) Member of Help Me Quit Task and Finish Group

Rhian Lloyd – Evans

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Details to be confirmed

Liz Hallett

- . PDA Union Member
- . PDA Member

National Pharmacy Board meeting – 29 September 2022

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the Open business meeting held on Tuesday 28 June 2022, at 9 am, by Zoom.

Present

English Pharmacy Board

Thorrund Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Ewan Maule (EM), Erutase (Tase) Oputu (EO)

Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, William (Iain) Bishop (IB), Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Kelsey Drummond (KS), Josh Miller (JM), Richard Shearer (RS), Jacqueline Sneddon (JS), Jill Swan (JW), Audrey Thompson (AT), Lucy Dixon (LD) (from 10.15am)

Welsh Pharmacy Board

Cheryl Way (CW) Chair, Eleri Schiavone (ES), Helen Davies (HD), Richard Evans (RE), Geraldine McCaffery (GM) Vice Chair, Gareth Hughes (GH), Liz Hallett (LH) Rhian – Lloyd Evans, (RE)

Invited Guests

Paul Day – Pharmacists Defence Association (PDA)
Bruce Warner – Deputy Chief Pharmaceutical Officer for England
Alison Strath – Chief Pharmaceutical Officer for Scotland
Priyanka Patel – President, BPSA
RPS Member observers

RPS Staff

Paul Bennett (PB) Chief Executive, Ross Barrow (RB) Head of External Affairs, Scotland, Corrine Burns (CB) PJ Correspondent, Sarah Crawshaw (SC), Clinical Fellow, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales; John Lunny (JL), Public Affairs Lead, England, Clare Morrison (CM), Director for Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Black (RB), Pharmacy Engagement Manager, Cath Ward (CW), Business Manager, Wales, Heidi Wright (HW), Practice and Policy Lead, England, Ross Gregory (RG), Head of External Affairs, Wales.

Apologies

Michael Maguire (MM), (EPB)

Paul Summerfield (PS) (EPB)

Dylan Jones (DJ) WPB

Elly Thomas (ET) WPB

Lowri Puw (LP) WPB

Lucy Dixon (LD), (SPB) apologies until 10.15am

22/06/01.	<p>Welcome and address from CEO/President Chair: Andrew Carruthers (AC), Chair, English Pharmacy Board (SPB). Led by: Paul Bennett (PB) and Claire Anderson (CA)</p> <p>The chair welcomed board members, observers, and staff to the meeting.</p> <p>Claire Anderson (CA) President and Paul Bennett (PB) the CEO offered a warm welcome to new board members.</p>	
22/06/02.	<p>Apologies Chair: SPB, Led by: Chair, SPB</p> <p>EPB – Michael Maguire (MM) and Paul Summerfield WPB - Dylan Jones (DJ), Elly Thomas (ET), Lowri Puw (LP) SPB - Lucy Dixon (LD), (SPB) apologies until 10.15am</p>	

22/06/03a.	<p>Declarations of interest (Papers: 22.06/EPB/03a, 22.06/SPB/03a and 22.06/WPB/03a). Chair: SPB, Led by: Chair, SPB It was noted by BM's that some board members had a dual role associated with the PDA, but that these were declared under the relevant declarations of interest.</p> <p>It was noted that details from 3 members of WPB were yet to be added – Lowri Puw (LP), Liz Hallett (LH), Rhian Lloyd – Evans (RLE).</p>	
22/06/03b.	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.06/NPB/03b) Chair: SPB Led by: Chair, SPB</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>The item: Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.06/NPB/03b).</p>	
22/06/04a.	<p>Minutes of the National Pharmacy Boards' (NPB) Joint Formal Business meeting, held on 2 February (Paper: 22.06/NPB/04a) Chair: SPB, Led by: Chair, SPB</p> <p>The National Pharmacy Board (NPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal NPB meeting held on 2 February 2022.</p> <p>Approved by: Claire Anderson</p> <p>Seconded by: Iain Bishop</p>	

22/06/04b	<p>Minutes of the National Pharmacy Boards' (EPB/SPB/WPB) Open Business meeting, held on 8 June (SPB), 21 June (EPB), 22 June (WPB) (Paper: 22.06/SPB/EPB/WPB/04a) Chair: SPB, Led by: Chair, SPB</p> <p>The National Pharmacy Board (NPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the held on Open Business meeting, held on 8 June (SPB), 21 June (EPB), 22 June (WPB)</p> <p>English Minutes Approved by: Claire Anderson English Minutes Seconded by: Adebayo Adegbite</p> <p>The Scottish and Welsh minutes were not presented for approval at this stage.</p>	
22/06/05.	<p>Matters arising Chair: SPB, Led by: Chair, SPB</p> <p>There were no matters arising and all actions have been closed.</p>	
Advancing professional practice		
22/06/06a.	<p>Vision work Chair: Andrew Carruthers (AC), Chair, Scottish Pharmacy Board (SPB), Led by: Country Directors</p> <p>Wales</p> <p>Elen Jones (EJ) presented an update on Pharmacy Vision for Wales: Setting the direction to 2030. Highlights noted as follows:</p> <ul style="list-style-type: none"> • Wales launched the Pharmacy Delivering a Healthier Wales Vision (PDaHW) in 2019, which is aligned to the Welsh Government Strategy • It is for all sectors of the pharmacy team • RPS Wales led the process on behalf of the Welsh Pharmaceutical Committee 	

	<ul style="list-style-type: none"> • Welsh Pharmaceutical Committee have ownership of the vision, and will have ultimate sign off for the 2025 goals • PDaHW Delivery Board is responsible for shaping and influencing goals & overseeing implementation • The four themes for 2030 are Enhancing patient experience, Developing the pharmacy workforce, Seamless pharmaceutical care and Harnessing innovation and technology • The 2025 goal setting exercise is well underway and face to face and virtual engagement events have been held across Wales throughout May and June. Thanks to the WPB for their participation and support at the events. • RPS are now in the goal setting process. These draft goals will be the subject of a consultation in July and August. This will include setting measures. • RPS Wales and Welsh Government have created a micro site and Welsh Government have set up a delivery board. • Seed funding has been awarded to projects that enhance the PDaHW agenda. • Work is also ongoing with HEIW on urgent workforce issues <p>Scotland</p> <p>Clare Morrison (CM) presented an update on the Pharmacy 2030 a professional vision Highlights noted as follows:</p> <ul style="list-style-type: none"> • Scotland launched the Pharmacy 2030 a professional vision in Feb 2022 • Meetings have been held with all pharmacy organisations including CPhO, DoPs, GPHC, CPS, CCA, NPA, PDA, RPS EAGs • Discussions have been held with other organisations to include QIPP and other Educationalists, and RCGP and Strathclyde Research Group • Events have been held - launch event in March, personal centred care event in April and May face to face event where examples of good practice were celebrated, at which delegates were able to vote on the best example of good practice. The winner will be speaking at the RPS annual conference. Thanks to SPB for helping and supporting the events. • RPS presented Pharmacy 2030 at the annual NHS Scotland Event in June. 	
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	<ul style="list-style-type: none"> • Lobbying has continued and has included an appearance at the health, social care and sport committee, with individual MSP discussions. • A Parliamentary reception was held on 8th June. • Next steps – focus on the key enablers <p>England</p> <p>Heidi Wright (HW) presented an update on the RPS England and The King's Fund "The Vision for Pharmacy Practice in England"</p> <p>Highlights noted as follows:</p> <ul style="list-style-type: none"> • The vision work is at an earlier stage than in Scotland and Wales • Working in collaboration The King's Fund to deliver the project • In scope of the project will be to develop an accessible, professionally led, high impact vision of what pharmacy could look like and how pharmacy can support the delivery of personal centred care • This will be achieved by working with key stakeholders and Integrated Care System leaders to develop guidance for implementation • Raise the profile of pharmacists, building on their contributions throughout Covid19 pandemic • Strategy and delivery plan in place to engage with members, other professions and patients etc • Open consultation on the themes of the vision will take place over the summer. There will be face to face roadshow events on key themes London, Midlands, North and Southwest in September, and additional virtual events in September • Review analysis and write up of the vision will take place post consultation and roadshows. • All events will be on the events web page and the vision web page for England • Publish vision and guidance for implementation t in December 2022. <p>Open discussion</p> <ul style="list-style-type: none"> • EPB BMs asked that with the Transformation of Primary care insights how this will affect vision reforms England? RS responded that RPS is working closely with DHSC and NHSE– and that all will align. 	
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	<ul style="list-style-type: none"> • Three separate country visions and 3 sets of engagements - how will they all align? In response the CDs advised that they meet regularly, and although the detail underneath will need to slightly different, the visions will be brought into line. There are many golden threads linking the 3 visions giving natural commonality. We should not be considering one document for a RPS vision but rather recognise the nuances due to devolution and lobby for change in each country. • Welsh vision has lots of references to RPS policies and other countries have followed this lead 	
22/06/06b.i	<p>Strengthening pharmacy Governance Chair: Thorrun Govind (TG) Chair, English Pharmacy Board (EPB), Led by: Elen Jones, Director for Wales</p> <p>The NPB members were asked to consider the paper produced and come to a decision as to whether to accept this as a GB RPS position statement on Strengthening Pharmacy Governance.</p> <p>Discussion on the overarching statement In general, the NPB members were supportive of the statement and overarching principles, with the following points to be noted.</p> <ul style="list-style-type: none"> • There were conflicting views on the penultimate sentence regarding what components should be kept as legislative, some BM's felt that the line should be removed, and others supported keeping the statement in. The changes relate to sale and supply and are nothing to do with services provided. • Some expressed a view that the statement leaves things open to interpretation and this needs to remain in legislation moving it into regulation comes with risks. PB made clear that regulation was secondary legislation working within a framework and not guidance – it was suggested that a footnote be added making the distinction clear. • BMs in general supported the two final statements remaining as it puts in additional safeguards • Supportive of the importance of supporting guidance. 	

	<ul style="list-style-type: none"> • Legislation in the most appropriate place. Misinterpretation by leaving it open • Comments made around controlled drugs comparison between made relating to delivery drivers being able to hand out but not pharmacy techs <p>Discussion regarding the eight points supporting the RPS statement</p> <p>Principle 1</p> <ul style="list-style-type: none"> • Regarding the accessibility of pharmacists etc - many BM's raised concern about how RPS protect the wellbeing and breaks for pharmacists and suggested expanded access to patients through technology. All agreed that the sentence should be reframed to protect pharmacists • Availability needs to be within a reasonable time frame – maybe with an appointment. There is a need to manage expectations of the pharmacists and by appointment on occasions will enable breaks and enhance wellbeing – but accessibility to a pharmacist is the selling point • Patient safety must never be compromised • Accessibility doesn't mean anytime anywhere - RPS must protect pharmacists to ensure that they are not pulled in too many directions <p>Principle 2</p> <ul style="list-style-type: none"> • Small amend suggested changes required when medicines are handed out when the pharmacist is absent – clarity required that must be signed in – suitably trained staff to hand out when responsible pharmacist is not present • Overarching supervision by pharmacist - small tweak is needed to expand wording on top of second paragraph – that only legislative change that is needed • Locum pharmacist is the responsible pharmacist on the day and is responsible for delegation <p>Principle 4</p> <ul style="list-style-type: none"> • Current legislation suggests this is a barrier– Some BMs suggested to remove the sentence others thought it should remain and didn't see it as a barrier. • Regarding patient safely there are highly trained teams, and this is already be seen for example with the vaccination programmes • Legislation does not currently prevent delivering services – would be good to get to the stage whereby we are delivering so many services that we will need a 2nd 	
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	<p>pharmacist – confident that current framework allows for professional judgement and decision making.</p> <p>Principle 6</p> <ul style="list-style-type: none"> in terms future software digital principle seems a bit light –there is a vast scope of developments coming through the pipeline <p>Principle 7</p> <ul style="list-style-type: none"> Handing out meds that are checked and signed – empower following SOPs Issues with supervision that was set up a long time ago – not fit for purpose – need a complete review of what is needed Some suggested that this will be difficult to deliver because of the current legislation – this is policy position statement – we have vision for 2030 and the role of the pharmacist will be very different Some expressed concerns about the need to be mindful of unintended consequences - resistant about making changes – legal definition <p>Action 1– the supervision paper will be updated and shared with the three boards for sign off by the three Country Chairs</p>	
22/06/06b.ii.	<p>Strengthening pharmacy Governance</p> <p>Chair: Thorrun Govind (TG) Chair, English Pharmacy Board (EPB), Led by Country Directors and Guest Speakers Bruce Warner (BW) Deputy CPhO (England) and Alison Strath (AS), CPhO Scotland</p> <p>The chair welcomed Bruce Warner (BW) and Alison Strath (AS) to the meeting</p> <p>BW provided wider context to the Supervision debate, highlights as follows: -</p> <ul style="list-style-type: none"> Advocated that the wider context of supervision needs to be seen in terms of new registrants, who will effectively be IP ready for 2026, and this will affect the role of a pharmacist and how to carry out their duties. 	

	<ul style="list-style-type: none"> • The dispensing process is quite often considered as a single process, but this process could be broken down and consideration given to different elements. • Funding models may need to be considered and a conversation will need to happen around accountability • Overall need to ensure any changes have patient safety at its core • Timelines, changes to be in place for 2026 when the first cohort of Pharmacist independent prescribers qualify. <p>AS reflected that the issue of supervision has been very difficult and that this change is a once in generation opportunity to get supervision right. Moving forward the scope of practice and clarity around process required.</p> <p>Thoughts from group and collective views were noted as follows: -</p> <ul style="list-style-type: none"> • There is a need to reflect on the three country visions and pharmacy needs to move with times and make better use of skill mix but be mindful of unintended consequence of change for patient safety • Now is the time for pharmacy to have courage • Enabling change and being cautious, the right balance is required • Full inter-operability is fundamental - we need to get this right over the next few years • Not going to be easy for some, all have a role to play and prepare for change – record keeping shared medical record will be crucial to the success • What are the proposed timelines from Government perspective? – when will legislative changes go through? • BW responded that the key date is 2026 when all pharmacists will be leaving training as prescribers is the aim, some things are more advanced than others • Some legislation will go through parliament now and then through privy council in the Autumn – cross sector changes in supervision may take a while if legislation needs to change • There needs to be assurance that no one is left behind and that sole pharmacist can link in with others. • BMs asked for some clarity on how now and moving forward funding models would work 	
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	<p>BW responded that from an English perspective – fundamentally look at where pharmacy is heading and look if the funding model is fit for purpose</p> <ul style="list-style-type: none"> • It was noted that IP and DPP is the biggest challenge to support for professional decision making – BW said ICS will help with this. • All BMs were supportive of the suggestions being made • There was discussion about pharmacies operating without a pharmacist – look at the model in Netherlands and reference was made to prescription locker boxes – careful not to miss opportunities by being too restrictive • All elements of dispensing and supply need to be looked at individually • BW advised that some of what was being discussed is not dependent on legislation and some is happening already – Hub and Spoke overall is a mixed bag <p>EJ said it was important to agree the higher principles – the detail below the principles will always be an issue of debate as circumstances differ.</p> <p>The Chair thanked both BW and AS for attending the meeting.</p>	
22/06/06c	<p>PDA Safer Charter</p> <p>Chair: Andrew Carruthers (AC) Chair SPB, Led by: Elen Jones, Director for Wales</p> <p>The Chair welcomed Paul Day (PD) from the PDA to the meeting.</p> <p>PD gave a short introduction saying that the PDA Safer Pharmacies Charter had now been published for some 5 years and during that time there had been numerous meetings with the RPS to discuss the RPS support for the PDA Safer Pharmacies Charter. He added that during RPS Board election time there had been much activity from candidates on twitter regarding support for the PDA Safer Pharmacies Charter. He reiterated that he would welcome the RPS support of the PDA Safer Pharmacies Charter.</p> <p>The RPS asked if there were plans to review the Charter and for the RPS to be involved in that review. PD said although the PDA Safer Pharmacies Charter probably would be reviewed over time there were no plans in the future now to do this and they would not be co-badging the PDA Safer Pharmacies Charter with any other organisations.</p>	

	<p>PD referred to a recent motion at the RPS AGM for the RPS to sign the PDA Safer Pharmacies Charter and to announce publicly as this would add more weight to the PDA Safer Pharmacies Charter.</p> <p>There were mixed views from Board members and some of the points made were: -</p> <ul style="list-style-type: none">• Point one in the PDA Safer Pharmacies Charter currently not in line with RPS policy in the MEP• Keen to be involved in a future review but not keen to sign retrospectively• Broadly support the PDA Safer Pharmacies Charter but could item 3 be amended?• Remove sectoral differences and have one PDA Charter for all – not two separate ones• We know it is important to our membership – encourage colleagues to look at bigger principles – we can make it clear to membership that we would like to contribute to another iteration• Important to remember not all RPS members are PDA members – would be better to have a joint charter that was patient focused.• It would have been helpful to have a paper setting out the points – some new board members had no prior knowledge regarding this request• The PDA Safer Pharmacies Charter is about patient safety – don't see any problem with endorsing the PDA Safer Pharmacies Charter• RPS needs to be consistent on policy and position statements, we have not yet agreed the position on supervision, and this could impact• Keen to endorse – have had experience of working in chronically understaffed pharmacies – it will put a bit more pressure on employers• Self-checking an issue – there was a request to discuss the principles of self-checking at the next board meeting – we should not endorse self-checking• We need to protect pharmacists and patients• RPS is not a trade union – what is the risk of signing the PDA Safer Pharmacies Charter?• Principles in the PDA Safer Pharmacies Charter are sound – what is the reputational damage of not signing the PDA Safer Pharmacies Charter?	
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	<ul style="list-style-type: none"> • RPS general principle of endorsement is to be involved at a very early stage and vice versa to involve others at an early stage if we want their endorsement <p>PB thanked PD for attending the meeting and stated some of the work the RPS has done which aligns with the PDA Safer Pharmacies Charter ie Workforce Wellbeing, Inclusion and Diversity and the launch of the Wellbeing and Inclusion Pledge. He asked PD what other buy-in the PDA Safer Pharmacies Charter had received. PD said the Shadow Secretary of State at the time – Jonathan Ashworth – had supported along with the BPSA, some patient safety organisations and some smaller employers. None of the larger pharmacy contractor organisations have endorsed it.</p> <p>PD emphasised the point that the PDA Safer Pharmacies Charter was about basic standards of safety and the absence of these is becoming normalised eg pharmacists do not get adequate rest breaks.</p> <p>As consensus could not be reached on this issue, there were strong views on signing and not signing the PDA Safer Pharmacies Charter, and as there is no process in the Regulations (Standing Orders) to vote as a joint board it was agreed that England, Scotland and Wales would vote on the matter at their separate meetings following on from this joint meeting.</p> <p>If the National Boards do not align once they have voted this issue will then go to the National Board Chairs' Forum for further discussion.</p> <p>There were concerns raised on voting on this issue.</p> <p>PD was thanked for attending the meeting.</p> <p>Action 2– Consider self-checking principles at the next board meeting – RS/MA</p>	
22/06/06d.	<p>Items for noting – Advancing Professional Practice (Paper: 22.06/NPB/06d) Chair: SPB, Led by: Chair, SPB</p>	

	<p>The NPB members noted the following items and corresponding papers 22.06/NPB/06d (i – vi).</p> <p>con</p> <ul style="list-style-type: none"> i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy v. Sustainability vi. Pharmacogenomics 	
Professional Belonging		
22/06/07	<p>Items for noting – Professional Belonging (Papers: 22.06/NPB/07 (i) and (ii))</p> <p>Chair: WPB, Led by: Chair, WPB</p> <p>The NPB members noted the following items and corresponding papers 22.06/NPB/07 (i and ii).</p> <ul style="list-style-type: none"> i. Inclusion & Diversity – project update ii. Workforce wellbeing 	
Professional Engagement		
22/06/08a	<p>2022 events programme and Annual Conference</p> <p>Chair, WPB and Led by: Hanna Jenvey, Events & Sponsorship Manager</p> <p>The Chair welcomed HJ to the meeting. HJ explained that BW was unable to attend the meeting. HJ gave a short slide presentation focusing on the annual conference.</p> <p>HJ said that the board members received a monthly written update, and this would keep them up to date as the planning for the conference progresses. The title of the Annual Conference will be “Inspiring Change – The Future of Pharmacy” and will be taking place on 11 November 2022 at the same venue in Houndsditch as per the 2019 conference. The conference will be a hybrid event – some attending face to face and others virtually and</p>	

	<p>there is a big emphasis on sustainability when planning the conference. All information this year will be via a conference App hence no printing of programmes etc.</p> <p>Registrations will be opening at the end of July and the call for abstracts is currently open.</p> <p>Inclusion and diversity are a thread running through all aspects of the planning for the Conference and AD is part of the development team.</p> <p>CA added that the Heads of Schools of Pharmacy were happy to welcome the return of abstracts for the conference.</p> <p>The Chair thanked HJ for attending and HJ reminded the Board to send through any sponsorship leads they may have or any tips and hints for improving the delivery of the conference.</p>	
22/06/08b	<p>RPS Regions Chair, WPB Led by: Rachel Black (RB) Pharmacy Engagement Manager and Clare Morrison, Director for Scotland</p> <p>RB introduced this item giving a slide presentation which stated that there will be 14 Regions – 3 in Scotland, 3 in Wales and 8 in England. Each region will host one annual face to face event and have 4 quarterly events that may be held virtually or as a hybrid event. RPS Connect will support this with the availability of daily networking for members. Each Region will be supported by an ambassador.</p> <p>The recruitment process for ambassadors is current and to date there have been 24 applications. In response to a question about ensuring the selection of Ambassadors meeting the criteria for the I&D strategy of the organisation RB responded that RPS processes have been set up to ensure anonymity when shortlisting, but final scrutiny will ensure that diversity of the cohort is maintained in line with the RPS I&D strategy. AD will be involved in the recruitment process.</p> <p>A hub page has been developed on the website and once Ambassadors are in post, they will create a hub page for each Region and meet regularly to discuss a schedule of events</p>	

	<p>which will be advertised on the website. Any RPS member can go to any event – there are no restrictions to the regions.</p> <p>Board members were asked to support the Regions where they live and work.</p> <p>CM thanked RB for all her hard work in the setup of the Regions and recruitment of the Ambassadors.</p>	
22/06/08c	<p>Participation and Communications Review Chair EPB, Led by: Neal Patel (NP) Interim Associate Director PMEX</p> <p>NP presented this item giving a short presentation.</p> <p>The independent review has been commissioned through Luther Pendragon and is about how we communicate both externally and internally about how decisions are made and communicated at the RPS. It recognises that members want us to do things differently, being more open and transparent and explaining our reasons for decisions made giving the evidence to support those decisions. Once concluded the review will be published in full.</p>	
22/06/08d	<p>Items for noting – Professional Engagement (Papers: 22.06/NPB/09d (i) and (ii)) Chair: SPB Led by: Chair SPB</p> <p>The NPB members noted the following items and corresponding papers 22.06/NPB/09d (i and ii).</p> <ul style="list-style-type: none"> i. Public affairs ii. Marie Curie Daffodil Standards 	
22/06/09	<p>Any other business Chair: EPB Led by: Chair EPB</p> <p>Alisdair Jones (EPB) – issue with EPB distribution list – this has now been resolved.</p>	

	<p>Audrey Thompson (SPB) - Relating to headline in PJ on 22nd June re pharmacotherapy service in Scotland. After discussion with Tony Scully in the PJ the headline was amended and a comment included from Anne Thompson, Chair of the Primary Care Expert Advisory Group. AT was satisfied with the result.</p> <p>It was highlighted that the PJ has editorial independence from the RPS but good to note that the outcome was a positive resolution.</p> <p>Lola Dabiri (SPB) tabled an item – the Chair decided to address this at the meeting although it had not been given 48 hours in advance. The item was about pharmacist confidence in their knowledge and capability as prescribers. LD was advised to take this up with the Education directorate by sending in an email to TG/RS which they will pass on.</p>	
22/06/10	The meeting closed and board members were moved into their separate Country break out rooms for their individual country confidential sessions.	

The meeting closed at 14.15pm

Action list

Item No	Action	By Whom	By when /Open/Closed
22/06/06b.i	Update the RPS Supervision statement and principles and circulate to boards – final sign off by Country Chairs	Elen Jones	Closed paper signed off at NBCF on 14 Sept
22.02.04	Workforce: Country Directors will summarise next steps and circulate to boards.	Country Directors	Feb/March/Open
June			
22/06/06b.i	Action 1 – the supervision paper will be updated and shared with the three boards for sign off by the three Country Chairs	EJ/Chairs	Closed paper signed off at NBCF on 14 Sept
22/06/06c	Action 2 – consider self-checking principles (with RPS guidance/policy and PDA charter)	Ravi Sharma/	Closed – summarised in document considered by NBCF on 14 Sept

National Pharmacy Board meeting – 29 September 2022

Title of item	Independent review of participation and communications
Author of paper Position in organisation Telephone E-mail	Jennifer Evans, Luther Pendragon External consultancy Neal Patel Associate Director JenniferEvans@luther.co.uk Neal.Patel@rpharms.com
Headline summary of paper	Provision of an update on the progress of the independent review of the participation of members and of our communications concerning decisions we take on behalf of the profession through our Governance boards.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	Reputational
Resource implications	Changes to approach for participation in elected member decision making and communication of same

Update: Participation and corporate communications review

Background (Reason for activity and ambitions)

The RPS commissioned Luther Pendragon to conduct an independent review of the participation of members and of our communications concerning decisions we take on behalf of the profession through our Governance boards.

Summary of activity /achievements to date

- Survey of members and elected members
- Focus groups with members and elected members
- 1-2-1 interviews with external stakeholders
- 1-2-1 interviews with non-elected members
- Desk research – including review of parliamentary mentions and review of comms from peer organisations
- In draft: Review report
- In draft: Communications Strategy

Next steps

- 5th October - Internal staff, Boards and Assembly receive final participation review report and corporate communication strategy recommendations
- 7th October - Public Assembly meeting and presentation from Luther on findings and recommendations
- 7th October - Publishing of findings on rpharms.com and sent to wider stakeholders
- **10th - 14th October – Advice from boards on implementation of recommendations – please note – your Country Director will decide on the best method of input into this work**
- 24th October - Top level action plan published by RPS on how we're going to implement the changes

National Pharmacy Board meeting – 29 September 2022

Title of item	Annual General Meeting (AGM) Motions
Author of paper	Laura Wilson
Position in organisation	Policy and Practice Lead, Scotland
Telephone	02075722228
E-mail	Laura.wilson@rpharms.com
Item to be led at the meeting by	Clare Morrison
Headline summary of paper	To discuss and action motions which have been referred to the Boards by Assembly.
Purpose of item (decision / discussion)	To discuss the motions and action/make decisions where appropriate
For consideration	Background and suggested actions included after each motion
Risk implications	Responding to member motions
Resource implications	None other than staff time

Annual General Meeting (AGM) Motions

Questions for consideration:

Motions are to be considered as listed and each has some background information, policy commentary and suggested actions.

What we are looking to achieve. (Discussion based on questions above)

We are looking to respond to members motions submitted to RPS to be considered by Assembly and then referred to National Boards.

Background:

Members were invited to submit motions to be considered by Assembly at the AGM held in July 2022. The following motions were submitted but were considered by Assembly to be more appropriately placed with National Boards rather than with Assembly. The following motions put forward to be discussed at the Board meeting are (original numbering and page numbers from AGM paper stated below for reference):

- RPS Locals (9a, page 18)
- Pharmacy workforce (9c, page 19)
- Pharmaceutical wholesalers (9d, page 20)
- Pharmacist apprenticeships (9f, page 22)
- Primary care pharmacists (9g, page 22)
- Emergency supplies (9h, page 23)

Recommendations:

Please review the motions attached, the policy commentary, background information provided and the suggested actions for each motion. Boards to decide on the action or next steps to be taken.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG
Reporting period	From submission of motions to Board meeting in September 2022	
Risks / issues/		
Project deliverables	Progress summary	Next Steps:
1. Respond to members motions	Consider motions passed from Assembly to National Boards	Respond to members and publish responses to the motions
2.		

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Annual General Meeting Motions

Motions for Board consideration at September 2022 meeting

The following motions have to be discussed (original numbering has been kept)

- 9(a) RPS Locals**
- 9(c) Pharmacy Workforce**
- 9(d) Pharmaceutical Wholesalers**
- 9(f) Pharmacist Apprenticeships**
- 9(g) Primary Care Pharmacist**
- 9(h) Emergency Supplies Support**

9(a) RPS Locals

Motion

It is planned to replace RPS Locals with 14 new Regions. When RPS LPFs (and then Locals) were set up to replace Branches, the Assembly and RPS Directors were anxious to emphasise that these local entities were member arms of RPS. They were part of the whole.

We are concerned that members are increasingly being treated as subscribers to RPS services rather than members. Use of the title 'Ambassador' for the centrally appointed

leaders for each Region seems to illustrate this. Most people are aware that the role of an ambassador is to represent one organisation to an alien one. An ambassador cannot represent an organisation to its own members.

We therefore urge the Assembly:

- To confirm that the proposed new Regions will be member arms of RPS, just as the LPFs and Locals were.
- To follow the UK precedent for Commonwealth countries and use the concept and title of 'Commissioner' for the leadership of the Regions, and not 'Ambassador'.

Stephanie Bancroft and Christine Heading (proposers)

Commentary

Following discussion with the proposers, this motion was not taken as an item at the AGM but a commitment was instead made that this will be tabled at a Board meeting, after which a response will be published.

The three National Pharmacy Boards have been closely involved in the plans to develop the new RPS Regions model and the creation of the Ambassador role. Less than 5% of members engaged with the previous RPS Locals model and many Locals were inactive. The aim of the new RPS Regions model is to reinvigorate membership engagement with RPS at a local level.

The three Boards have been supportive of the progress with the recruitment of Regional Ambassadors. The role has been advertised and there have been strong numbers of applications for the role. To date, we have had 32 applicants for 14 roles (14 Regions: 3 in Scotland/3 Wales/8 England) with interviews already conducted and ongoing, it has been noted that all interviewees have been enthusiastic about the plans going forward.

The title 'Ambassador' was picked because they are Ambassadors for pharmacy and RPS. The role includes both connecting with RPS members locally, as well as reaching out to other pharmacists who aren't RPS members, pharmacy students, other members of the pharmacy team, and the wider health and care service. The aim of the role is to facilitate the development of strong networks and improve awareness of RPS, and it is felt that the title 'Ambassador' reflects the purpose of this role.

Action - National Pharmacy Boards will be asked to consider if any change in approach is required, if they remain content with the RPS Regions model and with the title Ambassador (noting the information above regarding recruitment to the roles).

9(c) Pharmacy Workforce Motion

Motion on how best to increase pharmacy workforce in the UK: a review of the OSPAP programme

Problem statement: SHORTAGE OF PHARMACY WORKFORCE IN THE UK

- There are concerns about a deficit of about 3,000 community pharmacists in England within a 5-year period (since 2017) attributable to more pharmacists being recruited to PCN as well as a large number of pharmacists not practicing, partly due “Cross border working”.¹
- There is a case of demand of pharmacy workforce exceeding supply, an increase in vacancy and locum rates, increasing part-time working, and reduced working hours. These changing working practices have meant that an additional 4,099 were needed to maintain “an equilibrium” in pharmacies.¹
- More pharmacy closures would be ‘unavoidable’ due to pharmacist shortage” and this could cause a significant threat to health care in England. ^{2,3} The shortfall in pharmacy workforce has also been felt in the NHS, obviously making the UK government to include Pharmacists in the “Shortage occupation” list.⁴

Why change is needed:

There are only two routes for increasing the pharmacy workforce in the UK – pharmacy graduates from schools of pharmacy in the UK, or foreign trained pharmacists seeking to practice in the UK. The second route is the objective of this motion.

The GPhC’s requirements states that to be eligible to practice in the UK a foreign trained pharmacist, whose qualifying degree has been adjudged to be equivalent to that obtained in the UK, must complete a compulsory 9-month Overseas Pharmacists Assessment Programme (OSPAP) in a recognized UK university, 52 weeks of pre-registration training in England, Scotland or Wales, and then a GPhC registration assessment.⁵ To achieve this it takes an average of 24 months, or more. The cost of registering for the OSPAP in any university in the UK vary from £10,000 to £12,000 (and even more if the candidate decides to go through the PgDip/MSc route).

In comparison with the requirements to practice in the U.S, the National Association of Boards of Pharmacies (NABP) in the United States of America, requires a foreign trained pharmacist to write a certification exam (Foreign Pharmacy Graduate Exam Certificate (FPGEC) and earn 150 hours of work experience only. The cost of registering for the exam, with other fees inclusive, is less than \$1,000. The cost of registration for the exam includes materials and books to prepare for the exams.⁶ After the FPGEC is obtained, the focus is on “Work Experience” and laws governing practice in each state. In addition, the average salary of a pharmacist in the U.S is \$99,000 - \$150,000. In Other words, it takes less time and cost for a foreign trained pharmacist to go to the U.S to practice compared to coming to the UK.

Motion/Suggestion:

1. The GPhC should re-evaluate the structure of the pre-registration requirements for foreign trained pharmacist. The OSPAP program should be more practice oriented, and less focused on didactic lectures.
2. Both the OSPAP and the Foundation training should be done simultaneously. A 52-week pre-registration training to include update lectures in the university (2 days in a week), work experience under the supervision of a UK trained pharmacist (the other 3 working days in the week), and a one-time GPhC certification (pre-registration) exam after the 52 weeks of training.

Benefits: This will shorten the time spent for the pre-registration year, possibly reduce the burden of the tuition fees paid for the OSPAP, and eventually encourage qualified foreign trained pharmacist to come to the UK and get certified to practice.

Rita Akonoghrere (proposer)

Commentary

This motion calls for actions by GPhC and is out with RPS's remit. The motion will therefore will be referred to GPhC for its consideration. The RPS, in collaboration with the Commonwealth Pharmacists Association have met with the GPhC, a number of international regulators, and the NHS regarding the potential benefits of reviewing the current mechanisms and requirements for overseas pharmacists to be able to practise in the GB. We will continue to advocate for GPhC to consider a review.

Action – RPS staff to refer to GPhC.

9(d) Pharmaceutical Wholesalers

Motion

I would like to raise a motion that pharmaceutical wholesalers such as AAH and Alliance should be compelled to scrap their outrageous policy of making community pharmacies to pay the following charges:

1. Low spend surcharge
2. Fuel surcharge

Explanation

1. Low Spend Surcharge: Alliance Healthcare imposes £75 fine on community pharmacies that spend less than £5,000 per month on their competitive (non-solus) lines while AAH charges similar amount for community pharmacies that spend less than £4000 on these lines.

A community pharmacy that dispenses less than 4,000 items per month will struggle to meet these targets between the 2 big wholesalers and would therefore be penalized to pay the levy which is highly unfair for small independent community pharmacies who do not have any control over the numbers of items they dispense per month.

2. Fuel Surcharge: Alliance Healthcare makes all their customers who spend less than £10,000 per month to pay fuel surcharges ranging from £60 to £100 per month.

These charges are squeezing life out of small independent community pharmacies such that most of them are at the verge of closing down their business because they cannot do without buying from Alliance and AAH.

The RPS should intervene by compelling Alliance and AAH to scrap these outrageous charges.

Banji Kelan (proposer)

Commentary

This motion calls for actions by pharmaceutical wholesalers. After agreement with the proposer, it will be highlighted to Boards to consider whether RPS should take any policy position with regard to this situation.

It is not the role of RPS to intervene in matters of commercial dealings between pharmacy contractors and their suppliers. RPS has no ability to compel pharmaceutical wholesalers to act in a certain way concerning their commercial dealings and this matter is best directed by the proposer towards the Healthcare Distributors Association (HDA) as the representative body for that sector.

Action – Board to consider if they wish the three Country teams to form a policy position on this practice bearing in mind this is not currently part of the workplan.

9(f) Pharmacist Apprenticeships

Motion

(i) Motion for the RPS to explain why members were not informed of the resumption of pharmacist apprenticeship proposals in 2021, despite promising that RPS members would be kept informed.

(ii) Motion for the RPS to remove itself from the pharmacist apprenticeship employer group. The apprenticeship proposals are highly unpopular with members, and the RPS should respect this by not being part of the employer group.

Nahim Khan (proposer)

Commentary

This item was covered in Open Business of the National Pharmacy Board meeting held on 23rd June 2021. It was explained that the Pharmacist Apprenticeship Employer group had recently reconvened and met in early June. The RPS did not attend this meeting. It was explained at the time that it was not clear what the plans of the group were or how this related to the IET reform programme.

The RPS has previously taken the position that it is generally better to be participative in discussions about the profession and workforce issues rather than to exclude itself. In this

way the organisation is able to input the views of elected members and the membership more broadly at the appropriate time.

As this is a policy matter, and therefore the remit of the Boards, it is proposed that consideration of this proposal go to the next meeting of the National Pharmacy Boards.

Action - RPS has not been involved in any work in this area in the last year and did not attend the last meeting referred to above in early June 2021. We are not aware of any ongoing work in this area at present. Board to consider if they wish RPS to find out information about any meetings that have taken place around this subject and to discuss our ongoing involvement in this group.

9(g) Primary Care Pharmacist

Motion

Motion to propose that the primary care and community pharmacy expert advisory groups create a joint statement regarding the calls from other organisations for the halt of recruitment for pharmacists entering primary care. Joint statement will include whether these calls are agreed with or disagreed. The expert advisory groups are able, according to the terms of reference, to respond to requests for comment and act as media spokesperson.

Nahim Khan (proposer)

Commentary

It is not the remit of the Expert Advisory Groups to determine RPS policy. Their function has been covered earlier in this document.

The National Pharmacy Boards adopted position has been one of supporting members who may wish to move between sectors, including transition from and to primary care. The Boards do not have an agreed position that would accord with this motion and to adopt such a position would seem inconsistent with the role RPS has historically played in arguing for the establishment of pharmacist roles in GP practice, Primary Care Networks and Integrated Care Systems and other NHS structures.

As the EAG's are advisory groups to the Boards it is proposed that this item be considered by them to agree / reaffirm a policy position in this regard.

Background and further information

RPS Scotland have previously released a statement with a Board position in Sept 2021 in response to a similar call made by CPS in August 2021. We responded, from Andrew Carruthers, with the following:

“Pharmacy professionals should be involved wherever there are medicines: this includes community pharmacies, hospitals and GP practices. Ensuring patients have access to pharmacists in all settings is an important part of delivering safe and effective care.

We disagree with stopping the recruitment of pharmacy professionals in GP practices because we do not want to see restrictions on individuals’ career choices. Many pharmacists have benefited and continue to benefit from working in multiple settings, and they should be supported to make choices that support their professional development aspirations.

However, we do think it is essential that there is meaningful and robust pharmacy workforce planning in place which takes into account all sectors, skill mix requirements, and workforce changes resulting from new services and digital improvements. We also need better use of pharmacy teams, better skill mix, and better use of technology to help reduce the wider issues and pressures that are impacting on NHS services. It is also important to promote pharmacy as a career to bring more people into the profession.

Finally, we would encourage community pharmacy employers to join the RPS commitment to improving pharmacists’ wellbeing by signing the RPS inclusion and wellbeing pledge, and taking action to improve the working environment for community pharmacists.”

RPS Scotland subsequently also produced a workforce briefing, in November 2021, discussing what actions should be taken to relieve the significant pressure all pharmacy sectors are under, the briefing can be viewed [here](#).

This briefing was then used as the basis for the GB position statement produced in December 2021 titled ‘*Workforce: improving capacity and culture*’, which can be found [here](#).

In neither of these documents do we call for a halt to recruitment of pharmacists in any sector.

For clarity, the motion states ‘*The expert advisory groups are able, according to the terms of reference, to respond to requests for comment and act as media spokesperson.*’ The full statements relating to the supply of comments and acting as a media spokesperson within the terms of reference of both expert advisory groups are as follows:

2. Support RPS in responding to requests for advice, expertise, input and comment from government and other organisations.
3. Where agreed, represent RPS by providing expertise and leadership opinion aligned with RPS policy (where relevant). This may include attending meetings or acting as a media spokesperson.

These statements do not suggest members of any expert advisory group can, or should, respond to comments or act as media spokespeople on our behalf without engagement with RPS.

Action – Board to consider if a statement is necessary and/or appropriate

9(h) Emergency Supplies Support

Motion

Motion to propose to create a campaign to support members with emergency supplies. The RPS aims to support members to be “the best you can be”. Further educational resources should be considered before asking the GPhC to strike pharmacists off the register for refusing to do an emergency supply because the surgery is open – as was suggested by a RPS Assembly member.

Nahim Khan (proposer)

Commentary

A commitment was given that this would be tabled at a future Board meeting.

The RPS produces a number of professional practice guides and of course publishes Medicines Ethics and Practice which includes reference to pharmacists making an emergency supply of prescription only medicines (POM).

The relevant practice guide was most recently updated in January 2022 (<https://www.rpharms.com/resources/pharmacy-guides/emergency-supply>). In addition, the RPS operates a one-to-one support line for members who have questions about pharmacy practice matters and can provide advice on making an emergency supply.

It is not RPS policy to call upon the regulator to remove pharmacists from the register for refusing to perform an emergency supply.

The professional issues that a pharmacist will need to take into consideration before deciding whether to make an emergency supply or not, and the actions that should be taken to support the patient if the decision is not to supply, are referenced in our professional guidance. Pharmacists will expect to be held professionally accountable for their decision whatever that may be.

At present the creation of further educational resource is not considered a priority.

Resources available to support pharmacists when dealing with emergency supply requests and the services available in each nation to facilitate emergency supplies for patients.

RPS resources

Emergency supplies

Pharmacy Guide - <https://www.rpharms.com/resources/pharmacy-guides/emergency-supply>

Mythbuster -

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/Mythbuster%20-%20emergency%20supply.pdf>

MEP - <https://www.rpharms.com/publications/the-mep> pages 73-75, 81, 105

Professional judgement

Pharmacy Guide - <https://www.rpharms.com/resources/pharmacy-guides/professional-judgement>

Decision making guide -

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Coronavirus/00239%20001a%202004%20COVID19%20Ethical%20guide%20document%20WEB.pdf?ver=2020-04-09-111739-353>

Making professional decisions - <https://www.rpharms.com/about-us/news/details/Make-professional-decisions-with-our-backing>

These resources offer support and take you through the process of making a professional decision to make an emergency supply or not, including giving consideration to the risks of not supplying. They provide advice on professional decision making and dispel some of the myths and reasons people quote to justify not making an emergency supply. They are comprehensive.

Services

Scotland

CPUS <https://www.cps.scot/national-1/unscheduled-care-cpus>

<https://www.communitypharmacy.scot.nhs.uk/unscheduled-care/>

A supply can be made free of charge on prescription for most prescription medicines, it states within the guidance that this can be required 24 hours per day and there is an answer within the FAQ's which states this service may be needed 'in hours'. Pharmacists also have access to ECS for medication records. These services are available for patients registered with a GP practice in Scotland. Out with that, normal emergency supply legislation will apply.

Wales

EMS <http://www.cpwales.org.uk/A-New-Prescription/Clinical-Services.aspx>
<https://111.wales.nhs.uk/localservices/pharmacyfaq/>

Sitting as one of the four elements of the CCPS, the aims of the service are;

- To enable patients to access an NHS funded supply of previously prescribed medication where there is an immediate need for the supply, and it is impracticable in the circumstances to obtain a prescription without undue delay.
- To ensure equity of access to an emergency supply provision irrespective of the patient's ability to pay
- To reduce demand for repeat medication requests made to other health care providers e.g. Out of Hours, NHS 111, A&E Departments and GMS.

Commissioned pharmacies (open to all) have access to a patient's Welsh GP record afforded by the Emergency Medicines module of the Choose pharmacy platform. Under the terms of the service specification and where a supply is appropriate, the patient consents to a consultation taking place, and to the pharmacist contacting the practice with who he or she is registered for the provision of GMS to provide details of previous supply, and consents to an electronic record of that consultation being maintained via the NHS Wales Informatics Service (NWIS) "Choose Pharmacy" platform. Outside of the service specification, normal emergency supply legislation will apply.

England

CPCS <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-consultation-service/>

This service facilitates patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine. People are currently referred from NHS 111 or a GP practice. Referrals from Urgent Treatment Centres and Emergency Departments to CPCS are being piloted at 14 sites around England from November 2021 until June 2022. Pharmacists have access to Summary Care Records (SCR) for medication records. Normal emergency supply legislation will apply out with this service.

Action – none required. There are many resources available to support pharmacists making professional decisions with specific ones available for emergency supplies. It is not considered a priority at the moment to produce further educational resources.

Putting the patient first: how pharmacy can get it right

Pharmacy is under significant pressure. Pharmacists across all sectors of the NHS have remained accessible to the public and provided essential services throughout the Covid-19 pandemic. The challenges of the pandemic and its longer-term consequences continue, and these are now being compounded by the escalating cost of living crisis. Many fear what is around the corner, when winter pressures are added to the mix.

With unprecedented levels of burnout among pharmacists, pharmacy closures and the potential for strike action, RPS calls for three things: professionalism, respect and prioritisation. Specifically:

1. We call for pharmacy employers and pharmacy trade unions to come together to a round table meeting to agree principles for a way forward that ensures patients benefit consistently from access to high quality, adequately staffed, safe pharmacy services.
2. We call on Governments, NHS organisations and individual pharmacy teams to define clear prioritisation plans, which can be embedded in organisational business continuity plans, that set out the pharmacy services that are essential and must always be provided and which can be de-prioritised at specific levels of pressures.
3. We call for zero tolerance of abuse across pharmacy.

Professionalism

Let's take professionalism first. Pharmacists are highly trained and regulated health professionals who work right across the NHS: in communities, high streets, general practices and hospitals. The first duty of every health professional is to make the care of patients their first priority. That means pharmacists must do everything they can to maintain pharmacy services for patients, but this must be balanced against ensuring services are safe. Pharmacy services which are closed are unable to help patients at all; but neither are pharmacies with unsafe working conditions.

Therefore, as the professional leadership body for pharmacists, we urge pharmacy employers, trade unions and pharmacists (both employed and self-employed) to work together collaboratively to ensure patients can benefit consistently from access to high quality, adequately staffed, safe pharmacy services.

Respect

Closely linked with professionalism is respect. Pharmacy employers and superintendent pharmacists should respect pharmacists by providing healthy working environments including effective systems, safe staffing, appropriate rest breaks, access to training and development, and a supportive culture. Against a difficult economic backdrop, pay demands and subsequent remuneration needs to be financially sustainable and fair to both pharmacists and pharmacy employers. This includes fair funding from governments for pharmacy services in all sectors. If this mutual respect is missing, it is patients who suffer the most, whether that is through reduced availability of pharmacy services or through safety issues arising from poor working environments and low staff morale.

Crucially, everyone involved in providing pharmacy services must respect patients and, likewise, patients should respect pharmacy teams. The cost of living crisis is putting the vast majority of the population under stress, and this will undoubtedly worsen over the winter. Sometimes these pressures will result in impatience and frayed tempers, but this should never escalate into abusive behaviour. During the pandemic, many pharmacy teams reported an increase in abuse, violence and aggression from some members of the public. De-escalating threatening situations is yet another pressure pharmacy teams face which detracts from delivering patient services. RPS has consistently highlighted zero tolerance to abuse and condemns it in the strongest terms.

Prioritisation

One of the causes of impatience among patients is waiting. This brings us to our final point: the need for prioritisation. At a time when pharmacy is already under immense pressure, it is sensible to prioritise the essential services that must be provided if those pressures grow even further. For pharmacy, this will mean temporarily prioritising core pharmacy activities such as the prescribing and supply of medicines along with providing pharmaceutical advice. As winter approaches, clear plans must be developed between NHS organisations and individual pharmacy services which define what must always be provided to ensure safe patient care, and what can be de-prioritised as further pressures hit. Enabling more efficient ways of working, such as allowing community pharmacists to make professional decisions to supply alternative medicines during medicines shortages, and maximising the roles of the whole pharmacy team, is also necessary.

The months ahead will be challenging. However, pharmacists consistently demonstrate great resolve in delivering outstanding patient care. We call on everyone involved with pharmacy services to consider our three points of professionalism, respect and prioritisation, and reflect on how they can realise them in their own practice. Now is not the time for division: only by working together can we develop long-term solutions which benefit all and put patients first.

Royal Pharmaceutical Society, September 2022

National Pharmacy Board meeting – 29 September 2022

Title of item	RPS Pharmacy Technicians and PGD Position Statement
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	
Item to be led at the meeting by	Ravi Sharma
Headline summary of paper	The paper sets out the RPS position on enabling pharmacy technicians to supply medicines under a Patent Group Direction
Purpose of item (decision / discussion)	Discussion and decision (via a vote)
For consideration	Do you agree with the RPS position stated in the paper?
Risk implications	This is a topic that we are often asked for a view on as a professional leadership organisation, so we need to come to a consensus view across the national boards.
Resource implications	None apart from staff time

TITLE OF PAPER

Questions for consideration:

- Do you agree with the RPS position statement?

What we are looking to achieve. (Discussion based on questions above)

- A consensus view across the RPS National Pharmacy Boards to obtain a GB position on pharmacy technicians being able to supply medicines under a Patient Group Direction

Background:

In December 2021 a draft position statement was sent to all three National Pharmacy Boards regarding changing legislation to enable pharmacy technicians to supply and administer medicines under a Patient Group Direction (PGD).

There was much email discussion amongst EPB members following this and a consensus was not reached in England.

RPS are often asked for their view on the role of pharmacy technicians and have recently been asked to sign a letter, along with other community pharmacy organisations, that advocated for pharmacy technicians to be able to supply and administer medicines under a PGD. We were unable to do this as we did not have an agreed position across the organisation.

Recommendations:

- To discuss the attached position statement
- To vote on the position statement

The Royal Pharmaceutical Society is supportive of changing legislation to enable pharmacy technicians to supply and administer medicines under a Patient Group Direction (PGD).

Skill mix is vitally important in delivering modern and efficient pharmacy services. Increasing the opportunities for pharmacy technicians to further develop their role has the potential to strengthen the foundation for pharmacy practice across all sectors. As managing the health of patients becomes more complex, with multiple long-term conditions and more complex medicines and therapies, the need for pharmacists to focus on clinical and therapeutic interventions is increasing.

Enabling pharmacy technicians to undertake further services under a PGD will increase capacity for pharmacy teams and further support consistency of services being offered within pharmacy. This enhanced skill mix will allow greater flexibility for pharmacists to manage their workflow safely and effectively. Greater utilisation of the skills of pharmacy technicians could increase patient access to services whilst also building capacity to support the introduction of more enhanced pharmacist led clinical services. The increased capacity will be a valuable and crucial resource as we aim to increase the uptake on flu and COVID-19 vaccinations now and in future years.

Pharmacy technicians are integral to the provision of pharmacy services. As healthcare professionals, regulated by the General Pharmaceutical Council, pharmacy technicians must maintain high standards of professionalism, working under the supervision, direction, or guidance of a pharmacist. Pharmacy technicians who undertake these additional responsibilities would continue to adhere to the same principles of practice that apply to pharmacists including competency-based training and assessment of skills and knowledge. As with all health professionals, it is critical that pharmacy technicians should only work within their competence.

The supply and administration of medicines under a PGD should be reserved for situations where this offers an advantage for patient care, without compromising patient safety.

National Pharmacy Board meeting – 29 September 2022

Title of item	Health inequalities policy
Author of paper	Clare Morrison & Laura Wilson
Position in organisation	Director for Scotland / Practice & Policy Lead for Scotland
E-mail	clare.morrison@rpharms.com laura.wilson@rpharms.com
Item to be led at the meeting by	Introduction: Clare Morrison & Laura Wilson Discussion: Country Directors (in country boards)
Headline summary of paper	RPS is aiming to produce a clear and ambitious policy on pharmacy's role in addressing health inequalities by December 2022
Purpose of item (decision / discussion)	Discussion to inform the policy's development
Risk implications	Developing a policy on health inequalities is part of the 2022 country teams' workplan and therefore this work contributes to workplan delivery
Resource implications	Staff time

DEVELOPING A HEALTH INEQUALITIES POLICY

Questions for consideration:

- What topics should an RPS health inequalities policy include?
- What services do pharmacists in all sectors provide to address health inequalities?
- Who should we contact for expert advice to inform the development of this policy?

What we are looking to achieve

- A clear and ambitious policy describing pharmacy's role in addressing health inequalities.
- Policy development: the research element will be completed by the end of October. Members' views will be sought during a session at the RPS Annual Conference in November (live streamed to enable remote participation).
- A final policy will be published by the end of December 2022.

Background

Health inequalities are defined as avoidable and unjust differences in health between different groups of people. They are determined by circumstances beyond an individual's control.

Examples of health inequalities include differences in:

- Health status
- Life expectancy
- Access to care (availability, opening hours, transport, information, language, experience, misinformation, fear)
- Quality of care

Causes of health inequalities include:

- Socio-economic (deprivation, power, education, employment)
- Geography (region, urban/rural, neighbourhood)
- Protected characteristics (ethnicity, sex, age, disability, sexual orientation, gender reassignment, religion, pregnancy)
- Determinants of health (poverty, housing, education, community)
- Excluded groups (homeless, traveller communities, sex workers, drug dependence, modern slavery)

RPS has existing policies relating to health inequalities which will be considered as part of this policy's development. They are:

- Access to patient health records
- Antimicrobial Stewardship

- Cancer support and community pharmacists
- Cardiovascular disease
- Care Homes: Pharmacists improving care in care homes
- Diabetes (using pharmacists to help improve care for people with type 2 diabetes)
- Drug deaths and the role of the pharmacy team
- E-cigarettes
- Flu vaccination
- Long-term conditions: Pharmacist-led care of people with long term conditions
- Mental health and wellbeing, role of pharmacy: COVID-19 & beyond
- Mental health conditions: improving care of people in England
- Mental health conditions: improving care of people in Scotland
- New medicines service (NMS)
- Palliative and end of life care (Wales)
- Social prescribing
- Urgent and emergency care: Improving U&E care through better use of pharmacists
- Women's health

Recommendations

Health inequalities have existed for a long time. Much work has been done to improve health and life expectancy, but the Covid-19 pandemic has highlighted the significant impact of inequalities on health outcomes. With the growing cost of living crisis, health inequalities are likely to grow.

Now is the time for RPS to produce an ambitious and forward-looking policy describing pharmacy's role in addressing health inequalities.

It is recommended that the policy is formed by:

1. A policy statement focused on how to achieve better patient/people outcomes
2. An appendix listing the services currently provided by pharmacy (in all sectors) that help to tackle health inequalities.

It is hoped this approach will both identify future opportunities and provide evidence of pharmacy's ongoing work.

A first draft of the list of services currently provided by pharmacy is provided in Appendix 1 to this paper.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Advancing Professional Practice	Overall RAG
Reporting period		Aug-Sept 2022	
Risks / issues/			
Project deliverables		Progress summary	Next Steps:
1.	Policy on pharmacy's role in tackling health inequalities	Research to inform policy in progress including collating information on current services provided	Board discussion to inform research Board discussion to inform policy direction Plan for RPS Annual conference session on health inequalities

Advice requested from Board:	See questions in paper
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 29 September 2022

Appendix 1: First draft of Pharmacy services which help reduce health inequalities

Key: Red = core nationally contracted service, Green = other nationally contracted service, Blue = local service

Although some of the service titles are those given for the community pharmacy contracted service, many of these services are also provided by pharmacy teams in general practice and hospital

Service	Scotland	Wales	England
Core dispensing	Acute Medication Service	Dispensing of medicines and appliances	Dispensing
	Medicines Care and Review/Serial Prescribing		New Medicine Service
			Medicines Optimisation (including MUR type services)
Supported dispensing	Compliance Support Solutions/MAR chart service	Compliance support service	Medicine assessment and compliance support
		MAR chart service	Domiciliary support
Discharge medicines	Medicines: Reconciliation & Supply Project	Discharge Medicines Review Service	Discharge medicines service
			Discharge support and reablement
Public health	Public Health Service	Healthy lifestyle advice/Self-care promotion	Public Health (promotion of healthy lifestyles)
			Healthy Living Pharmacy NHS Healthchecks
Minor ailments	NHS Pharmacy First Scotland	Clinical Community Pharmacy Service (common ailments)	Community Pharmacist Consultation Service
		Sore throat teach and treat	Minor ailments/Pharmacy First local and digital services

OPEN BUSINESS

			Head lice
Sexual health	Public Health Service (EHC & Bridging contraception)	Clinical Community Pharmacy Service (EHC)	Oral Contraception (pilot)
	Condom service (not many)		Emergency contraception
Independent prescribing	NHS Pharmacy First Plus (IP)	Independent Prescribing Service (not widely available yet)	Independent prescribing
Smoking cessation	Smoking cessation	Smoking cessation	Smoking cessation service
Substance misuse services	OST Provision (Supply is national, supervision is local)	Supervised administration of medicines	Supervised administration of medicines
	Injecting Equipment Provision	Injecting Equipment Provision	Injecting Equipment Provision
	Naloxone		Naloxone
	Buvidal administration (pilot)		
Unscheduled/emergency supply	Unscheduled Care	Clinical Community Pharmacy Service (emergency supply)	Emergency supply NHS service
Quality and Safety	Quality Improvement (high risk medicines)	Quality and Safety Scheme	
		High Risk Medicines Monitoring (Valproate)	
Disposal of medicines	Disposal of Unwanted Medicines	Disposal of unwanted medicines	Disposal of unwanted medicines
Vaccinations	Flu Vaccination	Clinical Community Pharmacy Service (flu vaccination)	Flu vaccination service
	Human Papilloma Virus (HPV) Vaccination		
	Travel vaccinations		
Supported working	Pharmacy Champions	Collaborative working	
Alcohol	Alcohol Brief Interventions, Disulfiram		Alcohol screening and brief intervention
Antibiotics			Antibiotic provision
Anticoagulant monitoring			Anticoagulant monitoring
Antivirals	Antiviral/Directly Observed Therapy (TB & HIV)		Antiviral stockholding
Blood borne viruses			Blood borne virus screening
Cancer			Cancer referral (pilot)

OPEN BUSINESS

Care Homes and Carers	Advice to Residential Homes Support for home carer services	Care Home Support Service	Care home service provision Carer support
Care planning			Care planning
Chlamydia	Chlamydia Testing and Treatment		
Clozapine Supply Service	Clozapine Supply Service		
COPD	Chronic Obstructive Pulmonary Disease Exacerbation		
Continence			Continence services
C-reactive protein			C-Reactive protein testing
Falls	Falls review and prevention		Falls prevention
Gluten free	Gluten Free Food Service (Opt-in)		Coeliac disease & Gluten free services
Healthy Start Vitamins	Healthy Start Vitamins		Healthy Start Vitamins
Hepatitis C	Hepatitis C Treatment		Hepatitis C testing service
Hypertension			Hypertension case finding service
MRSA eradication			
Nutrition	Nutrition Support Service (CPNSS)		MRSA eradication
Oncology	Oncology Tiered Service/Systemic Anti-Cancer Therapy		
Out of Hours Rotas	Out of Hours Rotas	Out of Hours Rotas	Out of Hours Rotas
Palliative Care	Palliative Care	Just in Case Service (Palliative care)	On demand availability of specialist drugs (including palliative care)
Pain	High Risk Pain Medicines Patient Safety Programme		
Phlebotomy			Phlebotomy
Prescribed Sharps Disposal	Prescribed Sharps Disposal Service		
Prostate Cancer	Prostate Cancer Treatment (to absorb in high-cost meds)		
Stoma	Stoma service		
Vitamin D Supplements			
Weight management			Weight management
Winter services			Winter services incl. walk in & winter ailments service

OPEN BUSINESS

Wound Management	Wound Management (different models)		Dressings supply
Other Condition specific services	PGDs for various conditions		Services for specific diseases/body states, eg, cancer, cardiovascular, dementia, diabetes, musculoskeletal, pain, respiratory, tuberculosis, ear, nose and throat, eye care, mental health, H. Pylori
Other services which contribute to reducing health inequalities provided across all three nations - not all have dedicated service specification:			
	Health literacy Patient support and education	Helping vulnerable patients Social Prescribing	Joint working with GP's Pregnancy support

National Pharmacy Board meeting – 29 September 2022

Title of item	Science and Research update to National Pharmacy Boards
Author of paper Position in organisation Telephone E-mail	Professor Parastou Donyai Chief Scientist 020 7572 2275 Parastou.Donyai@rpharms.com
Headline summary of paper	The paper summarises activities of Science & Research Team
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	NA
Resource implications	NA

National Pharmacy Board meeting – 29 September 2022

SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS

1. Background

This paper outlines Science and Research activities undertaken since June 2022 to present.

2. Science and Research Team activities

Team composition - New Chief Scientist, Professor Parastou Donyai, joined the team on 13 Jun 2022. The Science and Research Officer position is, currently, vacant (team reduced to 1.2.FTE) with recruitment underway – 160 applications have been received for this role. The team are in the process of shortlisting candidates.

Chief Scientist Research Blog – working with the Pharmaceutical Journal, the Chief Scientist will be writing a regular monthly blog (starting in October) to provide commentary on a selected articles newly published in the RPS learned journals.

Early Career Researchers' Campaign – working with the Pharmaceutical Journal to organise a new RPS campaign, akin to the successful PJ Women to Watch campaign, but inclusive of all early career researchers, regardless of gender. As part of this campaign, we will be seeking nominations (including self-nominations) from researchers and scientists based in the UK and working within an area related to pharmacy.

Multi-compartment compliance aids (MCCAs) – working with the support team and the science and research committee, including co-opted external experts, to update the RPS guide on MCCAs (2013).

Medicines sustainability – working with the country teams, contributing to relationship building with the Association for British Pharmaceutical Industry's sustainability committee.

2.1. e-learning to develop research capacity of pharmacy professionals

Developing a suite of 9 short (45 mins) e-learning modules to develop research awareness and capability in the pharmacy profession. Project funded by National Institute for Health Research (NIHR). Module content being written by the research team, with support from subject-matter experts (Module Leads) and OCB media (e-learning partner). Project status:

Module	Status
1: Introduction to Research	Module development completed
2: How to transform your ideas into a research project	Module development completed
3: Finding and evaluating evidence	Module development completed
4: Research methods – an overview	Module development completed
5: Quantitative methods – Data collection and analysis	Module development completed
6: Qualitative methods – Data collection and analysis	Module development completed
7: Practical considerations: Research governance, ethics and collaboration	Module development completed
8: Reporting, publishing, dissemination, and impact	Module development completed
9: Applying for research funding and developing research proposals	Module development completed

All modules are currently being signed off by the quality assurance team and will then be uploaded to [NIHR Learn](#) platform (free access). Planned launch in Oct/Nov 2022.

Along with the e-learning course, we are also refreshing our own research and evaluation guides on the RPS website.

2.2. Research support services

The research team continues to provide planned and *ad hoc* support to other RPS teams and workstreams, along with external research work:

- **Community Pharmacy Consultation Service:** We continue supporting evaluation of HEE commissioned NHS CPCS Courses (contract extension), including evaluation of learners' feedback.

- **Inclusion and Diversity:** Supporting development, analysis and reporting of annual EDI survey report. Survey launched on 25 May 2022 and closed on 6 July 2022. First cut of the results and the first draft of the report completed.
- **Mental health and wellbeing:** Supporting development of the 2022 Workforce Wellbeing survey. Draft currently circulated for comments and launched on 13 Sep 2022 – survey [here](#).
- **Mentoring:** Supported development of the annual mentoring survey, launched on 25 Aug 2022.

We continue providing regular research support services to RPS members, via email and zoom, including responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

We also supported the development and delivery of the RPS student internships for 2022, including collating feedback from interns for learning and improvement next year.

2.3. Events

Science and Research Summit 2022 – This year's Summit had to be postponed due to strike action across the national railway network. The event has been re-scheduled for 10 Nov 2022 as a "Celebration of Science" event.

Celebration of Science – To be held on 10 Nov 2022 (pre-Annual Conference). The programme will consider the history of science and pharmacy, the contribution of pharmacists as scientists during the pandemic, and a look ahead to the future of science in pharmacy. The event will include a panel discussion with past and present RPS Chief Scientists and talks from Hanbury and Harrison prize winners. The latest Harrison Medal awardee, Prof Abdul Basit from UCL is due to receive the medal at the event.

RPS Annual Conference 2022 – To be held on 11 Nov 2022, in London, with the theme "Inspiring Change: The Future of Pharmacy". Working with the education and events team as well as the Science and Research Committee to organise abstract call. The abstract call was launched on 10 Jun 2022 and closed on 31 July 2022. Abstracts are currently being independently reviewed by our abstract review panel (led by SRC). Successful abstracts will be published in the International Journal of Pharmacy Practice and presented as a poster at the conference.

2.4. Qualified Persons

QP programme responsibilities handed over to the Support team at the end of June 22. We will continue to support the new QP Officer to ensure a smooth transition.

2.5. Science and Research Committee and Expert Advisory Groups (EAGs)

Science and Research Committee – Meeting held on 16 Jun 2022. Professor Abdul Basit has been awarded the RPS Harrison Memorial Medal by RPS and will receive his medal at the “Celebration of Science” event in Nov 2022. SRC supporting the call for abstracts and the abstract review process for the Annual Conference 2022.

Antimicrobial Expert Advisory Group – Meeting held on 17 Jun 2022. Additional members for this EAG, in particular a new member based in Community Pharmacy were sought and two new members have been recruited recently. Plans for 2022 World Antimicrobial Awareness Week (18-24 Nov) currently underway.

Industrial Pharmacy Advisory Group – Meeting held on 13 Apr 2022.

Further information [here](#) (including meeting notes).

National Pharmacy Board meeting – 29 September 2022

Title of item	Independent Prescribing workstream
Author of paper	Alwyn Fortune
Position in organisation	Policy and Engagement Lead, Wales
Telephone	
E-mail	Alwyn.Fortune@rpharms.com
Headline summary of paper	Update on key activities since the last board meeting.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	There is a constant need to consider which resources are open access and available to all pharmacists as well as other non-medical prescribing professions, versus the member only content.
Resource implications	<ul style="list-style-type: none"> • Staff time • Investment in RPS products and services

Independent Prescribing Workstream

Background

The Independent Prescribing project sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines.

The aim of the RPS Independent Prescribing workstream is twofold.

- a. To further advance the role and provision of pharmacist independent prescribing across all sectors in England, Scotland and Wales and to provide exclusive RPS Member benefits to support and advance prescribing practice.
- b. To ensure that RPS shows leadership and support for all non-medical prescribers through our tools, support and frameworks.

We aim to achieve this by:

1. Help create an infrastructure which increases the number of practicing PIPS and fully utilises their expertise
2. Implement support and tools to advance the practice of independent prescribing pharmacists
3. Influence the environment for pharmacy independent prescribing through advocacy and influencing change in each of the three GB countries.
4. Collaborate with other professional bodies and Royal Colleges to understand the needs of their members who prescribe.

Summary of activity /achievements to date

- **National guidance for [Expanding scope of practice for prescribers](#) published** New guidance for independent prescribers has been published. This guidance has been commissioned by Welsh Government, for the benefit of all prescribers across the UK.

Following extensive stakeholder engagement, both with members, pharmacist non-members and other professional bodies, we recognised the need for a structured and supportive approach for prescribers wishing to develop their practice, the guidance also contributes to added assurance in the employment of suitably qualified and competent prescribers.

The guidance was developed through collaboration with multi-professional stakeholder group, in line with the [Competency Framework for all Prescribers](#).

- **Launch event for Expanding scope of practice for prescribers guidance.**
The event gave attendees an opportunity to hear about why the guidance was created and understand how to use the guidance and supporting case studies. There was an interactive Q&A session where participants shared their thoughts on other useful resources that RPS could consider developing. Over 220 people registered for the webinar which was recorded and will be kept as a resource, available to watch back.
- **Events with RCN supporting HCP to become a DPP.** 2 of these sessions have now been held. The event builds upon the content of the [competency framework for Designated Prescribing Practitioners \(DPP\)](#)

Next steps

- Continue to work with stakeholders and members to pinpoint how the RPS can best support pharmacist prescribers, including:
 - Tools to support maintaining competence
 - Training modules offer for IPs at different stages of their journey as a member benefit, collaborating with other education providers
 - Exploring development of an e-portfolio offer
 - Identify areas where we can advocate for the use of PIPs
- Ensure the expanding scope of practice guidance is embedded into practice.

Conclusion:

Independent Prescribing continues to offer a significant opportunity for the RPS to take a leading role on PIPs across GB. It is vitally important to manage and maintain good external relationships throughout this project to ensure that the roles and responsibilities of RPS in this arena can work proactively with key partners such as universities and health education organisations.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Independent Prescribing Workstream	Overall RAG
Reporting period	June – September 2022	
Risks / issues/	There is a constant need to consider which resources are open access and available to all pharmacists as well as other non-medical prescribing professions, versus the member only content.	

Project deliverables		Progress summary	Next Steps:
1.	Develop new guidance for prescribers to expand their scope of practice	Completed	To help ensure implementation of the guidance in practice
2.	Launch event and comms for new guidance	complete	Recording of the webinar to be made available and promoted.
3.	Stakeholders work to identify further tools to support IPs	ongoing	We are exploring a number of tools that have been identified by members as beneficial to support practice and are engaging with stakeholders for feasibility.

Advice requested from Board:	Please keep sending us your views on tools and resources needed to support IP practice.
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	On plan

National Pharmacy Board 29 September 2022

Title	Education and Professional Development Q2 2022 activities update to National Boards
Open, confidential or restricted	Open
Authors Position in organisation Telephone Email	Beth Ward, Associate Director of Education & Professional Development (interim) Elizabeth.Ward@rpharms.com Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Associate Director of Education & Professional Development (interim) Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report April till June 2022
Purpose of item (for noting/discussion/ decision/approval)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to National Boards

1. Strategy

Following the executive level restructure, the Education & Professional Development (EPD) and Pharmacy & Member Experience (PMEX) directorates have now merged to form the Professional Membership & Education (PMED) directorate.

The directorate is supported by an interim leadership and management team comprising four interim associate directors and two heads of department. The education and professional development roles within this are:

- Beth Ward, Associate Director of Education & Professional Development (responsible for Education delivery)
- Joseph Oakley, Associate Director of Education & Professional Development (responsible for Assessment & Credentialing).
- Helen Chang, Head of Professional Development (responsible for student/Foundation trainees, mentoring and e-portfolio development and delivery)

The interim leadership and management team have been working to unify the existing Education and Membership strategies in line with this structural change. This has resulted in the distillation of the following four strategic goal which will form the key focus areas for the PMED directorate for the remainder of this strategic window:

Goal 1: A&C delegated authority

We will achieve delegated authority from the regulators to define and assure post-registration standards of patient-focussed pharmacy practice through our curricula, assessments, and credentialing.

Goal 2: Segmented membership growth

We will improve (associate) member recruitment and retention for key groups through new value propositions for (i) new and developing prescribers and (ii) pharmacy technicians, comprised of products & services that :

- Enable excellence in day-to-day practice through support and guidance
- Advance practice through learning, education & professional development
- Create a sense of belonging through communities of practice & networking

Goal 3: Monetised educational activity

We will expand our paid for educational activity through both B2C and B2B / commissioned models. We will develop and manage a successful portfolio of education products and services that are connected, high quality, valued, affordable and innovative.

Goal 4: Financial sustainability

We will develop a financially sustainable operational model based on revenue derived from professional membership and education activities.

This strategy is currently being socialised with internal staff and governance bodies and will subsequently form the basis of operational and budget planning for 2023 onwards.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

Dr Anthony R Cox FRPharmS, from the University of Birmingham, has been appointed as the new Chair of the RPS Education and Standards Committee. We would like to thank the outgoing chair, Professor Andy Husband, for his leadership and contribution to the committee.

Anthony is Head of the School of Pharmacy and a Reader in Clinical Pharmacy and Drug Safety. He has previously been a member of the English Pharmacy Board and is a Fellow of the Royal Pharmaceutical Society.

2b Early Careers Pharmacist Advisory Group

The ECPAG met in June 2022 where they had the opportunity to reflect and discuss on their challenges and success as a group to date. The group felt they have made positive contributions to early careers workstreams across the RPS and would very much welcome items around Initial Education Training reforms and independent prescribing etc on their agenda items, as these are very key events and changes which effect early careers pharmacists

The group discussed ways to amplify their views and mentioned they would interface with both members of the ECPAG who have recently been appointed at RPS board level (English Pharmacy Board and Scottish Pharmacy Board), as well as the newly appointed co-opted early careers Scottish Pharmacy Board member. Views were raised around ensuring the early careers views held by board members, and the ECPAG are joint up and in sync. The respective SPB and EPB members agreed to work closely with the ECPAG, to ensure views of this group are echoed and amplified at board level. The group agreed they saw a real value in having early careers representation at board level, and noted after a trial period, to review the process and see if early careers pharmacist representation could be adopted by Welsh Pharmacy Board.

The ECPAG also provided views into the RPS Careers workstreams. The group expressed a desire for the correct resources and support to be in place, particularly for those moving across GB countries and to provide more context into what this entails. The group noted they valued the career webinars and felt these should be promoted much more to our members, and to be seen as a source of key information by RPS members.

Additionally, an ECPAG group member published a blog into her role as PhD student and Pharmacist in research labs, this was promoted by RPS and has been successful in raising awareness of the group.

3. Initial Education and Training

3a. Students

Guidance, support, and events

We delivered a webinar on the foundation training recruitment process (Oriel) in June 2022, in collaboration with HEE, HEIW, NES and BPSA. We received positive feedback from the 289 students who joined the event.

Our webpages about Oriel have also been updated to reflect updates and changes for the current cohort. Further interactive events are planned for August 2022 to help students confidently prepare for the numeracy and SJT elements of the recruitment process.

Student internships

We have recruited four, third year Pharmacy undergraduate students, to commence their student internship with RPS in July.

The student rotas have been devised, where they will have the opportunity to work within the main PLB teams throughout their four-week placement. Students will also have the opportunity to share initiatives and provide views on forthcoming projects and programmes.

3b. Foundation Trainee Pharmacists

Foundation training revision programme

We delivered a series of revision session to support foundation trainee pharmacists prepare for their registration assessment. We updated the content to make more interactive with new case studies and practice MCQs, and less didactic in format. The sessions were well received feedback from attendees is outlined below:

Session	Examples of feedback received
Clinical: Cardiovascular and central nervous system	<ul style="list-style-type: none">• “Speakers were very engaging and knowledgeable about the topics discussed”• “Speakers did an amazing job and were very quick at answering all questions as they go along”
Clinical: Endocrine and infection	<ul style="list-style-type: none">• “I have learnt so much in such a short period of time!”• “... key points are all covered, speakers are excellent too – I would rate 10/10”• “This was a brilliant session which I have learnt so much from – best session I have attended by the RPS thus far.”
Minor Ailments and Common Conditions	<ul style="list-style-type: none">• “Really loved this session in particular – both presenters were very interactive and the polls and questions at the beginning were a big improvement!”, “Vibrant”• “Both [Speakers] were excellent ... lots of advice and explained answers carefully ... lots of support about the foundation year exam, which I really appreciated.”
Calculations	<ul style="list-style-type: none">• “Best session so far – tested you but didn’t rush through it”• “Fantastic session. Speakers were so engaging, interactive, positive. Session exceeded expectations. Felt so confident after the session.”
Law and Ethics	<ul style="list-style-type: none">• “Excellent session”, “Great and fun session”, “... loved the law session”• “Enjoyed the session – very interactive and useful”, “Excellent content and speakers!”

Contract to support clinical training for foundation trainee pharmacists (NICPLD)

We delivered a mock assessment and the final set of sessions for NICPLD foundation trainees in April 2022, and the contract ended in May 2022.

We have evaluated the programme and contract delivery, and shared lessons learned with internal colleagues to inform our approach to future opportunities for clinical training for foundation trainees.

E-portfolio for Foundation Trainee Pharmacists in England

We have continued to develop the HEE Foundation Trainee Pharmacist E-Portfolio; developments for this quarter include:

- A patient satisfaction questionnaire
- A 52-week progress review form
- End of programme process
- A dashboard view for HEE educational programme leads
- Functionality to enable trainees and HEE admins to close and initiate a new portfolio, e.g., in situations where a trainee needs to stop training and start again later in the year.
- Improved admin processes to allow the HEE to manage users more efficiently

To support the new updates, we delivered two joint webinars with HEE for trainee pharmacists and designated supervisors.

We also provide essential technical support to HEE users, managing approximately 350 enquiries this quarter.

The PJ team were additionally successful in securing a contract to deliver an evaluation of the HEE foundation trainee pharmacist portfolio user survey. The evaluation is currently in progress and recommendations will be shared with HEE in July 2022.

Registration Assessment issues

We received several reports of issues from our members following the June 2022 GPhC registration assessment sitting, including delivery issues, technology issues and assessment content issues. We have shared our concerns with GPhC in two letters.

Our key asks to the GPhC for the affected candidates were:

- a) No candidate's progression to registration will be delayed due operational issues outside of their control
- b) Candidates whose sitting has been disrupted will not be unfairly disadvantaged and they will be provided with an early opportunity, well before November resits, to complete the assessment to the best of their abilities, comparable to all other candidates.
- c) GPhC to publish a clear mitigation plan and risk register for the November 2022 sitting including:
 - Sending spare paper copies of the examination to all centres to be used in the event of a technical failure
 - Having a spare set of question papers available for emergency use should a candidate not be able to complete the assessment on the day because of technical or operational issues outside their control.

We received a response from the GPhC outlining that an early resit attempt would not be possible due to a minimum number of candidates being required for each sitting to be able to undertake their standard setting approach.

4. Postregistration Foundation

4a Post Registration Foundation curriculum

GPhC independent prescribing regulations

The GPhC Council has now agreed to remove the two year experience eligibility requirement for accessing IP training. HEIs will, henceforth, be screening prospective students for IP courses to ensure they possess the requisite prior experience to be enrolled. This is a positive development for those providers delivering programmes aligned to the RPS Post-registration curriculum which integrated prescribing as part of the clinical domains.

Training programmes

Updates on the training programmes of which we are aware are below:

Scotland	192 pharmacists are currently undertaking national NES programme in Scotland aligned to the RPS post-registration Foundation curriculum.
Wales	Cardiff university have been awarded the tender to deliver the training programme aligned to the RPS post-registration Foundation curriculum in Wales. HEIW has confirmed that expressions of interest and uptake had been positive with an initial cohort of 38 starting in September 2022.
England	<p>RPS continues to work closely with the NQP team in HEE to plan the promotion of the programme in England for next year's cohort. We are working closely with partners in England via HEE's NQPP partner forum to develop the support offer for newly qualified pharmacists in England.</p> <p>It is anticipated that the take up of this optional programme next year will be bolstered given the greater lead in time to plan and promote the pathway to next year's cohort.</p>

5. Advanced and Consultant Practice

RPS Core Advanced

The RPS Core Advanced Pharmacist Curriculum was launched in June 2022 following an intensive programme of work undertaken in collaboration with a wide range of UK stakeholders. This was supported by a launch webinar that, despite being in the middle of a heatwave, still attracted around 150 delegates.

Advanced pharmacists have a pivotal role to play in delivering future healthcare services. Patients, with ever more complex healthcare and medicines needs, need pharmacists with advanced level pharmaceutical expertise to autonomously deliver their care. In addition, pharmacists with advanced leadership, education and research capabilities are essential to support, lead and advance the

profession through transformative change so it continues to meet evolving patient and service requirements.

The RPS Core Advanced Curriculum provides the blueprint to develop such individuals by articulating a UK entry-level standard to advanced pharmacist practice, relevant to all patient-focussed roles and aligned to multi-professional definitions of advanced practice, such as the HEE ACP framework.

This curriculum completes the core RPS post-registration curricula, creating a seamless post-registration professional development continuum modelled around five common domains:

- Person-centred care and collaboration
- Professional practice
- Leadership and management
- Education
- Research

From October 2022, pharmacists will be able to start compiling an electronic portfolio to demonstrate their learning and achievement of the curriculum outcomes. This forms the basis of the assessment, which will be carried out by an RPS competency committee. Successful completion of the curriculum's assessment leads to the award of the RPS advanced pharmacist credential. This will demonstrate the pharmacist has demonstrated the necessary clinical and non-clinical capabilities required to practise at an advanced level.

RPS Advanced Specialist credential development

Critical care in collaboration with UKCPA

- The final draft of the UKCPA/RPS joint venture has now been finalised following external legal review. This has been shared with UKCPA for consideration prior to execution.
- This contract will form the collaborative vehicle for the publication of the UKCPA/RPS joint advanced specialist curriculum for critical care and administration of its credentialing assessment via the joint venture board.
- We hope this to be the first of a number of collaborative curricula between the two organisations, on the assumption that further curricula will be driven by patient and service need

Mental health in collaboration with CMHP

- We continue to work closely with the CMHP executive to agree a mutually agreeable position as to the status of the legacy CMHP credentialing assessment in the context of a joint curriculum.

Primary care commissioned by HEE

- We continue to engage with stakeholders across GB to gain a clear view on the proposed service model this curriculum will support for pharmacists working in primary care in five years' time.

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data:

	Post titles	Country	Initial outcome	Resubmission outcome	Final outcome
June - Aug	Consultant Pharmacist, Antimicrobials	England	Provisional approval	TBC	TBC
Sept - Nov	Consultant Pharmacist, Rheumatology	England	TBC	TBC	TBC

5b. Consultant Pharmacist Credentialing

Consultant pharmacist individual credentialing outcomes 2022

	Window	Country	Outcome	Ratified date
Jan-Mar	1	England	Standard met	08/03/2022
	1	Scotland	Standard met	08/03/2022
	1	England	Standard not met	08/03/2022
	1	England	Standard not met - insufficient evidence	08/03/2022
	1	England	Standard met	08/03/2022
	1	England	Standard met	08/03/2022
	1	England	Standard met	08/03/2022
	1	England	Standard met	08/03/2022
	1	England	Standard not met - insufficient evidence	08/03/2022
	1	England	Standard met	08/03/2022
May-June	2	England	Standard met	28/06/2022
	2	Ireland	Standard met	28/06/2022
	2	England	Standard met	28/06/2022
	2	Northern Ireland	Standard met	28/06/2022
	2	Scotland	Standard not met - insufficient evidence	28/06/2022
	2	England	Standard met	28/06/2022
	2	England	Standard met	28/06/2022
	2	England	Standard not met - insufficient evidence	28/06/2022
	2	England	Standard not met - insufficient evidence	28/06/2022
	2	England	Standard not met	08/07/2022

6. Education

6a. Courses and Programmes

Community Pharmacist Consultation Service Clinical Training Course

To further support building the confidence of pharmacists to deliver the service, we received approval from HEE to develop and deliver a further 12-month programme of clinical training.

From May 2022 – April 2023, our programme of interactive two-part, small group learning webinar courses focus on core clinical areas, providing skills to diagnose, intervene, and help patients directly.

Areas covered include:

- Ophthalmology
- Dermatology
- Respiratory
- Paediatrics
- Women's Health
- Clinical consultation and assessment skills refresher

These sessions offer training for up to 5000 learners across the 12-month period.

In collaboration with RCGP, each session is being delivered by a pharmacist Chair, expert pharmacists and medical clinical educators, GPs and advanced primary care practitioners clinical facilitators.

In Q2 we have successfully delivered two plenary sessions and all of the ophthalmology sessions of the 2022 series. For the ophthalmology sessions in total for session 1 we received 467 registrations and had 347 attendees; and for session 2, 464 registrations and 357 attendees. We have received positive feedback from both learners and facilitators. Dermatology live training package has been developed and first dermatology sessions 1 & 2 were also delivered with great success. Further dermatology dates for September are now almost booked out (4 out of 6 open sessions are fully booked). All sessions have over 120 bookings (we increased the maximum number of registrations to 125). We have also completed the recruitment process for Respiratory, Paediatrics and Women's Health and the content development process has begun for the aforementioned topics.

NIHR E-learning for Pharmacists and Pharmacy Technicians

In November 2021 we were awarded the contract by NIHR to develop an online learning platform to develop 9 e-learning modules to enable learners to develop knowledge and insight into research methodologies and issues vital to delivering clinical research for the pharmacy profession.

The primary audience for all of the modules will be pharmacists and pharmacy technicians new to research, across all sectors and stages of practice, regardless of professional seniority (or level of clinical experience). Content for all 9 modules has been developed and peer reviewed. We are now in progress with the final QA sign off, following which content will be uploaded onto the NIHR e-learning platform for final testing.

The modules are due to be launched in Q4 2022.

Transition Programmes

In Q1 we secured a contract with HEIW to develop a new e-portfolio for the GP Transition Programme in Wales. This supports approx. 30 learners in Wales to develop knowledge and skills to undertake pharmacist roles in General Practice.

A minimum viable product was launched in the first week of July 2022. The pathway sits with the RPS E-portfolio environment, which enables learners to move between pathways, e.g., post-registration foundation and advanced core, as they progress through their career.

6b. Educational Events

Free for members

In Q2 we have delivered 5 webinars. We delivered a series of **lunchtime webinars** in collaboration with HEART UK, and launched our **NICE 2022** series.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
April	RPS/HEART UK Series: Cholesterol Management – The National Picture	190	100%
May	RPS/HEART UK Series: Understanding the basics of cholesterol management	121	100%
May	RPS/HEART UK Series: Cholesterol Management Medication Options	95	97%
May	RPS/NICE Series: Type 2 Diabetes in Adults	408	98%
June	RPS/HEART UK Series: Managing Statin Intolerance	87	100%

Annual Conference – Programme Development, and update on the 2022 Science and Research Summit

In Q2 we have continued to work with the Annual Conference Short Life Working Group, comprised of a diverse group of members from across countries, sectors and stages of practice, to further develop and define the content for our Annual Conference on 11th November 2022.

The theme of the conference is 'Inspiring Change: The Future of Pharmacy', and there will be 4 content streams across the day, which have been aligned to the GB Vision work being led by the Country Directors:

- Person Centred Care
- Creating a More Sustainable Future
- Developing the Pharmacy Workforce
- Harnessing Innovation and Technology for Patient Safety

We will also be hosting an RPS zone where we will showcase work of our boards, committees and expert advisory groups, and a wellbeing zone.

Due to the national rail strike, the **Science and Research Summit** which was due to be held end June 2022, was postponed. After consideration of all options, and discussion with our new Chief Scientist, the Science and Research Committee, and the Executive Team, we will now be hosting a **Celebration of Science** event at RPS London Headquarters on Thursday 10th November. This will be hosted by our Chief Scientist, and we will award and hear from the prestigious Hanbury and Harrison medal winners.

This has also given us the exciting opportunity to bring together science and pharmacy practice content. Key content from the Science and Research Summit will now be brought into the main Annual Conference programme within the Harnessing Innovation and Technology for Patient Safety stream.

On 10th June, we launched a call for abstracts, with successful submissions being published in the International Journal of Pharmacy Practice.

We are currently in the process of confirming speakers and Chairs.

The conference will open for registration by the end of July 2022.

6c. Operational infrastructure

RPS Live

RPS Live is comprised of live content delivery (webinars, podcasts, social media events) for members from all parts of the organisation. Content is categorised into the following content themes:

- News and Views
- Science and Technology
- Careers
- Safer Use of Medicines
- Clinical Updates
- Assessment and Credentialing
- Inclusion and Diversity

In Q2 we launched a pilot process enabling all members to submit educational content requests. This is via a weblink on the webinar hub page on the RPS website.

This pilot is open until 9th September 2022, following which requests will be reviewed by our RPS Live Content focus group, with recommendations for delivery provided to the internal RPS Live Planning Group.

Learning Management System

In Q2, we commenced the implementation of our newly procured LMS system. This system will support the expansion of our education offer, and provide an optimal user experience. Our longer term ambition is to provide an enhanced user experience through full integration with other RPS platforms and systems. This new platform will be initially utilised for the delivery of the CPCS Clinical Training Programme, and is due to be launched in Q3.

7. Mentoring

To date we have 1805 registered users on our mentoring platform. 1469 mentees (1206 are active), 545 mentors (436 are active). 2060 mentoring requests have been made (683 are in progress and 413 marked as already completed).

New mentoring developments and Mentoring Advisory Groups

Mentoring Survey working group

Members of the Mentoring Advisory Group (MAG) were invited to form a Survey Working Group, with a goal to redraft and refresh our current mentoring survey (available on the platform). The group worked together to restructure the survey and capture details around the quality of mentoring relationships; with a view to capture the value proposition of mentoring, goals and tangible measures of success following members accessing our mentoring platform.

Mentoring Advisory Group

The MAG met in June, where the group provided feedback on our newly drafted survey, created by the Mentoring team and Survey Working Group. The design and content of the survey was signed off, as all members agreed that the new annual survey will likely help identify how valuable the service is for registered users. RPS will be implementing the new survey in Q3, which will look to capture the value of mentoring to registered users.

Mentoring roadmap

The MAG also provided a view on future priorities for RPS Mentoring. The group were invited to share key topics for suggestion. The key themes identified were:

- More communication with Schools of Pharmacy to embed mentoring as a concept
- More promotion of our mentoring service
- Linking up with other RPS pathways and products
- Expanding the service beyond Pharmacists
- Support and training for mentors

The mentoring team will consider these themes when planning our future mentoring roadmap.

National Pharmacy Board meeting – 29 September 2022

Title of item	Policy and Consultations
Author of paper Positions in organisation E-mail	Heidi Wright, Laura Wilson, Alwyn Fortune and Iwan Hughes Policy leads for England, Scotland, and Wales Heidi.Wright@rpharms.com , Laura.Wilson@rpharms.com alwyn.fortune@rpharms.com iwan.hughes@rpharms.com
Headline summary of paper	The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period June 2022 to early September 2022 and the policy statements made for each consultation.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.
Resource implications	None over and above staff time

POLICY AND CONSULTATIONS UPDATE

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members, and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We are developing a [Vision for Pharmacy Practice in England](#) and are currently [consulting](#) on main themes for the vision
- We are leading the review and setting of 2025 goals for the [vision for pharmacy in Wales Pharmacy; Delivering a Healthier Wales](#)
- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland, we highlighted this at an NHS Scotland event, reaching the whole of the NHS
- We are exploring our position in terms of health inequalities, and this will be discussed as a separate paper at the board meeting
- We are finalising the Strengthening Pharmacy Governance Position paper
- We published: Putting the patient first: how pharmacy can get it right
- We launched our [Climate Change Charter](#)
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- We will continue to develop policies on areas of significance and relevance to pharmacists
- We continue to develop a policy on Protected Learning Time

Consultations

During the period 8 June 2022 to 7 September 2022 we have responded to 12 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations

- Future shape of vaccination services in England
- Independent Commission into Pharmacy Professional Leadership
- Draft HIV action plan for Wales
- Mental Health and wellbeing Strategy in Scotland
- Scrutiny of Digital Health and Care in Wales
- Developing a national framework for social prescribing in Wales
- Draft substance misuse treatment framework and standards for mental health services for prisons in Wales
- Clinical genomics service specification consultation in England

Other areas

- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, sustainability and workforce and networking.
- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work with universities to establish opportunities for teaching and interacting with student at various levels




Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG	
Reporting period		8 June 2022 –7 September 2022	
Risks / issues/		None identified	
Project deliverables		Progress summary	Next Steps:
1.	Respond to consultations across GB	Responded to all relevant consultations during this time period	Continue to respond to consultations
2.	Develop policies in line with National Pharmacy Boards priorities and workplan	Relevant policies developed	Continue to develop policies in line with National Pharmacy Boards' priorities

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Appendix 1: The following consultations have been responded to by the RPS
Time period: 8 June 2022 – 7 Sept 2022:

Health and care Strategy for Older People | Scottish Government

- Highlighted the examples of pharmacy services which work to improve older people's health and wellbeing and reduce health inequalities such as NHS Scotland Pharmacy First, the pharmacotherapy service, support given to care homes and the medicines compliance services.
- Described how pharmacists and pharmacy teams are ideally places to provide support and advice to help people make decisions about their care and treatment.
- We highlighted the need for robust referral pathways to be set up direct from community pharmacies and access to patient records to allow pharmacy teams to support older people in the most effective way.

Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment | Welsh Government

- Highlighted the importance of the wellbeing and support of the current workforce, cannot keep asking the same people to do more. Importance of protected learning time, rest breaks, wellbeing support and investment in training the workforce all documented.
- Utilising the skills of hospital-based pharmacists in terms of a clear pathway and utilisation of independent prescribers and harnessing the leadership skills of hospital-based consultants.
- Utilising the role of community pharmacy as an alternative to urgent care, with the changes in the community pharmacy contract and the growing number of independent prescribers.
- Embedding community pharmacists into the proposed national social prescribing framework.
- Expanding the “e-advice” function to include community pharmacy.

Mental health and Wellbeing Plan: Discussion paper | DHSC England

- Wellbeing of the workforce must be a high priority for the government
- Having the right working environment helps prevent the onset of mental health conditions
- Pharmacists themselves play a significant role in reducing health inequalities, many of which are risk factors for the development of mental health conditions

- Community pharmacists and their teams are well placed to recognise early signs and symptoms of poor mental health in the people they see on a regular basis
- There are opportunities to help people with serious mental illness improve their physical health, through the provision of physical health checks and an environment focussed on wellbeing
- Many of the medicines used to treat mental health problems are associated with health risks. As the experts in medicines and their use, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and unplanned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that people with mental health conditions deserve.

AWTTC Work Programme 2022–2023 | AWTCC

- Highlighted the role pharmacy plays in tackling health inequalities, more than half of community pharmacies in Wales are located in the bottom two quintiles of socioeconomic deprivation.
- Fully supportive of plans for medicines optimisation to ensure the best value for medicines used in Wales.
- Ensuring these plans focus on patient outcomes rather than just cost-driven savings.
- Exciting and significant role Pharmacogenomics can play, reducing medicines waste, more efficient use of a clinician's time and potential for reduced medicines related hospital admissions
- Highlighting the role pharmacy already plays in supporting the valproate pregnancy prevention programme.

Multi- Professional Clinical Framework Consultation | NHS Wales

- Highlighted that pharmacy already has a robust post-registration curriculum and credentialing model in place delivered by the professional leadership body.
- Stated that pharmacists must be added to the 'excluded' list, alongside medicine and dentistry, to avoid any confusion within the profession as to which framework they should be working towards.
- We noted that once this framework is agreed, we can map our professions against the multi-professional framework to demonstrate parity.

Low Priority Prescribing Guidance Refresh | NHSE

- In general agreement with suggested amends
- For OTC guidance we noted that this guidance could adversely affect a patient's health and care and also consequently target and potentially discriminate against people with long-term conditions, patients with multimorbidities, the young, cancer sufferers, the elderly and the poorest in society
- In addition to the groups protected by the Equality Act 2010 people who cannot afford to pay for medicines available over the counter will be disproportionately affected by this work.

Proposed Disability Commissioner (Scotland) Bill | Scottish Parliament

- We welcomed the creation of the role if it improves the promotion and safeguarding of the rights of all disabled people.
- We mentioned the need for ongoing work to ensure there is a renewed focus on eliminating discrimination and reduce inequalities for all those who belong to a group with a protected characteristic.
- We highlighted the need to involve those with lived experience whenever existing laws and policies are reviewed to make sure they are working for them.

Health and Social Care Data Strategy | Scottish Government

- We believe that citizens should be empowered to actively involved in their health care and being able to access health and social care data is an important component of this.
- We highlighted the importance of health and social care professionals being appropriately trained, feeling supported and confident in data sharing with clear guidance to enable an understanding of circumstances where data should not be shared.
- Reiterated our belief that it is essential that a patient's health and care data are collected and accessible from a single source to which pharmacists have appropriate read/write access.
- We agreed with the need for mandated standards for data to reduce the risk of variation but advised that consideration be given to any unintended consequences.
- We supported the use of data for research.

Drug Death Prevention (Scotland) Bill | Scottish Parliament

- RPS is supportive of the establishment of regulated overdose prevention facilities.
- We were keen to stress the need for these facilities to be licensed and regulated to ensure minimum standards for both patients and staff.
- We highlighted the additional opportunities these facilities would give to reach a population who are not engaged with services, such as outreach services.

A new Suicide Prevention Strategy for Scotland | Scottish Government

- We agreed with the principles of the strategy but highlighted some of them may take some time to implement.
- We were delighted to see learning and education for groups who can have the biggest impact being a priority and stated that we believe that group must include pharmacy teams.
- We raised the issue of access to medicines and the lack of a single shared record meant checking risks was not possible.
- We were unsure if the creation of the delivery collaborative would enhance the current strategy.

National Care Service (Scotland) Bill | Scottish Parliament

- We believe the Bill, as introduced, will allow the creation of a new national body called the National Care Service. Whether it will achieve anything beyond that is not possible to say because at this stage the Bill is high level and not detailed

enough to explain how it will improve quality and consistency across social work and social care.

- We felt that sections within the Bill on training and data could be enhanced to ensure minimum standards and ensure access to a single digital shared patient record.
- Missing from the Bill was any mention of standards and governance or anything which will further fragmentation of services.
- We highlighted areas we felt needed to be covered by legislation whether that be primary or secondary.

Maximising the opportunity provided by biosimilar medicines I AWTTTC

- We were fully supportive of the principles contained within the strategy.
- We highlighted the essential need for adequate resource allocation to pharmacy teams to support local clinical leadership and patient understanding/confidence in the switch.
- We stressed the importance that effective implementation includes good communication with all key stakeholders (including the pharmaceutical industry). This is vital to maintain a supply of the biosimilar(s) of choice and a longer-term future pipeline of products within the marketplace.

Polypharmacy Review: Guidance for prescribing I AWTTTC

- We were supportive of the principles within the consultation.
- We advocated for a greater emphasis on an MDT approach, with Pharmacists being considered as part of the 'prescriber' role, highlighting the rapid growth of the Pharmacist Independent Prescriber programme and changes to the undergraduate programme, resulting in all newly qualified pharmacists in 2026 being able to prescribe at point of registration.
- We welcomed the recognising of the link and importance of collaboration between GP and community pharmacist to support patient adherence.
- The guidance highlighted the option of delivery as a mechanism to support adherence, we illustrated why this was not necessarily the case. Demonstrating the potential missed opportunities for patients to have contact with a healthcare professional, in their pharmacist, should they receive delivery of their medicines.

National Pharmacy Board Meeting: 29 September 2022

Title of item	Public Affairs
Author of paper	John Lunny, Ross Barrow, Ross Gregory
Positions in organisation	Public Affairs Leads
E-mail	John.Lunny@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	Engaging with key stakeholders in a fast-moving policy environment.
Resource implications	None over and above staff time

PUBLIC AFFAIRS UPDATE

- **On 30 June, RPS Scotland published [our joint statement on reducing the environmental impact of prescribing and medicines use](#)** in collaboration with professional leadership bodies across Scotland.
- **On 11 August, RPS Scotland launched our online [Pharmacy Best Practice Hub](#)**. The purpose of the hub is to celebrate and share the fantastic work which pharmacy teams across Scotland are engaged in, and also, to promote pharmacy to politicians, members of the public, fellow healthcare professionals and potential pharmacy students.
- **On 23 August, Clare Morrison met with Scotland's Chief Medical Officer and Scotland's Chief Pharmaceutical Officer**, together with the Scottish Academy of Medical Royal Colleges, to discuss [our joint statement on reducing the environmental impact of prescribing and medicines use](#).
- **On 6 September, Clare Morrison attended Holyrood's Health and Care Festival** and spoke on environmental sustainability and the health and social care workforce. During the workforce session, Clare highlighted the need for:
 - Protected learning time for pharmacists
 - Rest breaks for pharmacists working in all settings
 - Proper workforce planning for pharmacy
- Over the summer **RPS Wales carried out a perception audit** with a third of Members of the Senedd to gauge their understanding of the role of the RPS and to capture their views about the professional body. This results are being used to build future public affairs and influencing activity to increase the presence of the RPS and RPS campaigns in the Senedd.
- **Regular contact has been maintained with the Welsh Government** via the Chief Pharmaceutical Officer and his deputies. Over the past months, RPS Wales has been working closely with the CPhO and Welsh Government officials from the Pharmacy and Prescribing branch on engagement with the profession to help determine 2025 goals for *Pharmacy: Delivering a Healthier Wales*, the vision for pharmacy in Wales.
- We engaged with the **Welsh Pharmacy Partnership** regarding promotion and communications about the 2025 goals for the Welsh Vision, Pharmacy: Delivering a Healthier Wales following its launch and publication on 27 October.

- **Engagement with Members of the Senedd** has continued and arrangements are being made for visits to hospital and primary care sites with Members of the Health and Social Care Committee to help them understand more about the key issues facing pharmacy teams in Wales.
- **RPS England supported a drop-in session for over 40 MPs in Parliament** in July, alongside community pharmacy organisations. MPs signed a letter in support of pharmacy which was handed into Number Ten.
- We wrote to the **new Health Secretary** in July and [issued a statement on the appointment of his successor](#) in September. We will be engaging with new ministers following the recent change in Government in Westminster.
- **The House of Commons Health Committee called for a pharmacy workforce plan** in a report published in July. This followed its inquiry into the health and care workforce, where RPS England gave evidence in a public hearing.
- **Engagement with other health professional bodies and other stakeholders continues across GB.**

Next steps

- The RPS will continue to engage with a range of stakeholders on the role of the profession to support patient care.

National Pharmacy Board meeting – 29 September 2022

Title of item	Sustainability & Climate Action
Author of paper Position in organisation Telephone E-mail	Elen Jones Director for Wales 029 7572 2340 Elen.Jones@rpharms.com
Headline summary of paper	Summary of activity since the last National Board Meeting.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	None
Resource implications	Staff & board time.

Background

Activity has focused on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies

Summary of activity /achievements to date

- Climate Charter: Following the publication of our Climate Change Charter in collaboration with Pharmacy Declares, we published a list of suggested actions to help pharmacists and pharmacy teams to begin to make their practice more sustainable.
- Divestment: One year on from our declaration of the climate and ecological emergency, we have now fully divested from fossil fuels. This means that the RPS no longer has any direct financial investments, such as stocks, bonds, or investment funds it has in companies that extract fossil fuels, such as coal, gas, oil and tar sands.
- RPS Annual Conference: 'Creating a More Sustainable Future' has been chosen as one of the 4 main workstreams for this year's annual conference in November. Expert speakers from across England, Scotland and Wales are included on the agenda that will aim to inform delegates of developments and opportunities to (1) make pharmacy practice and medicines use more sustainable and (2) to inspire them to make changes in their own practice.
- UKHACC: We've continued to attend meetings and support initiatives of the UK HealthAlliance on Climate Change including setting the organisations mission & vision, embedding sustainability in organisations' governance, structure and culture and health inequality and climate change.
In November, our President will also be joining Senior leaders from UKHACC member organisations in a 14 mile cycle in London, which will be followed by a seminar of participants to capture key learning and messages from the day. Highlights of the discussions will appear on an Inspiration Hub and in a narrative report to capture the learning from RFTL2022.
- Engagement with Industry: RPS staff gave a presentation on our sustainability policy to the ABPI's Industry Sustainability Group. The subsequent discussion mostly focused on opportunities and challenges for recycling and re-use of medicines. Following on from the discussions, representatives from the ABPI have been invited to the RPS' Science and Research Committee to explore these matters further.
- Stakeholder Engagement: We've continued to meet with a range of stakeholders across the health service in GB, with the aim to raise awareness of climate change and the importance of sustainable practice among the

profession, implement the recommendations in our sustainability policy and to identify opportunities for collaborative or commissioned work.

- Joint action: We worked with the Scottish Academy of Medical Royal Colleges to produce a joint statement on sustainable prescribing, now co-signed by 10 individual organisations, and met with Scotland's Chief Pharmaceutical Officer, Chief Medical Officer and other Government officials about key actions needed. Available at: www.rpharms.com/scotland/sustainable-prescribing

Next steps

- We will continue to pursue the initiatives in place and look to identify further opportunities where we can raise awareness of pharmacy's role in sustainability and advance the recommendations in our sustainability policy.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Sustainability & Climate Action Elen Jones, Laura Wilson, Iwan Hughes	Overall RAG
Reporting period		July-September	
Risks / issues/			
Project deliverables		Progress summary	Next Steps:
1.	Stakeholder activity across the three nations to make our recommendations in the policy a reality		A number of relationships have developed with other organisations as reflected upon in the paper, we will continue with this work
2.	Actively engage with partners through the UKHACC		Meetings have been very useful to gain knowledge and partnership working. We will continue to actively engage

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

OPEN BUSINESS

National Pharmacy Board meeting – 29 September 2022

Title of item	RPS Pharmacogenomics Project
Author of paper	Sophie Harding
Position in organisation	RPS Pharmacogenomics Lead
Telephone	
E-mail	Sophie.harding@rpharms.com
Headline summary of paper	An action in the National Pharmacy Boards workplan for 2022 is to raise awareness, advocate, and support members in pharmacogenomics. This paper outlines the developments of the RPS pharmacogenomics programme since its launch in January 2022 and further plans for 2022.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project's success, have an impact on RPS reputation and external relationships. • Capacity pressures at RPS and potential negative impact on delivery • Lack of engagement with members and experts • Lack of engagement and collaboration with key stakeholders/organisations
Resource implications	<ul style="list-style-type: none"> • Staff time

RPS Pharmacogenomics Project

Background (Reason for activity and ambitions)

Pharmacogenomics provides opportunities to improve how we treat disease. Based on comprehensive genomic and diagnostic characterisation, different subtypes of patients with a given condition can be identified, and treatment can be tailored to the underlying cause. The involvement and system leadership of pharmacists and the broader pharmacy workforce will be critical to establishing the integral link between the use and optimisation of medicines and the expression of genomic variants.

The board has agreed that focussing on a project dedicated to pharmacogenomics sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is critical that the RPS leads and support its members and the profession in this advancing area of practice.

During 2021, RPS delivered two webinars on pharmacogenomics for members and the profession working collaboratively with NHS England/Improvement, NHS Scotland, NHS Wales, Royal College of Physicians (RCP), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN), Royal College of Paediatrics and Child Health (RCPCH) and the British Pharmacological Society (BPS).

In January 2022, RPS recruited a project lead for pharmacogenomics, Sophie Harding. RPS have continued to engage with stakeholders and experts in the field to gain insight and advice into our objectives and project delivery plans for 2022, alongside exploring opportunities for collaboration.

Project Objectives

The objectives for the RPS Pharmacogenomics Project are to:

1. Review the global evidence, working with stakeholders, experts and members to publish a position statement that includes:
 - a. The roles that pharmacists can play in leading and delivering clinical pharmacogenomics services across England, Scotland, and Wales.
 - b. Barriers and enablers to implementing pharmacogenomics.
 - c. Series of recommendations to help support the profession and drive the implementing and delivery of pharmacogenomics services to improve patient care and safety.
2. Work in partnership with stakeholders to influence and further advance the role of pharmacists in pharmacogenomics across all areas of practice in England, Scotland, and Wales.

3. In collaboration with Pharmaceutical Journal (PJ), pharmacy stakeholder organisations and professional bodies across the world to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics.
4. Become a 'natural home' for all pharmacists with an interest/expertise in genomics and personalised medicine providing support, resources, and educational webinars/events.
5. Launch a professional network to bring together pharmacy teams who are working in or have an interest/expertise in pharmacogenomics via RPS Connect. The network will:
 - a. Share ideas and best practice
 - b. Drive collaborative working
 - c. Shares develop opportunities (e.g., events/education support)
 - d. Encourage research opportunities
 - e. Support links with other genomics/pharmacogenomics forums
 - f. Discuss key challenges

Summary of activity /achievements to date

- Project set-up governance documents developed and signed off (Jan/Feb 2022)
- Set up and delivery of a monthly internal PGx stakeholder project group (February 2022)
- PGx blog released (March 2022)
- PGx Awareness raising opportunities e.g. Presentation to Welsh Chief Pharmacists, Welsh Cancer Network educational event (March 2022)
- Set up and delivery of a bi-monthly PGx expert stakeholder project group (GB wide) (March 2022)
- Position statement for the role of pharmacy in pharmacogenomics (May 2022)
- Pharmacogenomics webpage page launch (June 2022)
- PGx podcast launch (June 2022)
- Continued stakeholder networking throughout Q1&Q2& Q3
- Continued RPS representation on various external high-level national genomics meetings
- Presented at PGx GeNotes group and Primary care genomics special interest group on RPS PGx developments (July/Aug 2022)
- Response to genomics related national consultations (sept 2022)
- Advised on the recruitment and development of the Precision medicine workstream within the RPS conference 2022 (Sept 2022)
- RPS Pharmacogenomics webinar series
 - Webinar 1 – July 2022
 - Webinar 2 – September 2022.

Next steps

- Further development of the pharmacogenomics awareness and engagement webinar series – next webinar planned Oct 2022 focussing on interpreting PGx results (with a further 2 at planning stage)
- Attend and present for the RPS at the national HEE genomics pharmacy roundtable in November
- Accepted as a member of the Scottish Genomics network facet groups for education & training and research & development (currently setting up)
- Asked to present on pharmacogenomics for the Cardiff Uni Postgraduate MSc in Clinical Pharmacy, BOPA Conference, Ministry of Defence health conference (as external guest speaker), Welsh genomic cafes and national policy forum
- Further opportunities for the RPS to collaborate with other stakeholder organisations/to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics e.g. patient/public engagement, outcomes of the NHSE genomics pharmacy roundtable.
- Continued genomics networking with stakeholders across GB
- Launch a pharmacogenomics professional network via RPS Connect (awaiting RPS connect platform).

Conclusion:

The programme is progressing well, and actions planned for Jan to September within project plan were achieved meeting set programme objectives. There are other exciting potential RPS objectives that could be achieved within pharmacogenomic, and genomics and it is therefore disappointing that this is the final quarter of the pharmacogenomic programme. Funding ends 31st December 2022.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Sophie Harding	Overall RAG
Reporting period		Quarter 3 (July to Sept)	
Risks / issues/		Programme underway at target	
Project deliverables		Progress summary	Next Steps:
1.	Position statement for the role of pharmacy in pharmacogenomics	Published and launched May 2022	Engagement with stakeholder organisations to raise profile of pharmacy as a leader in pharmacogenomics
2.	Pharmacogenomics hub page	Produced and due for release June 2022	Continually modifying as programme develops by increasing content
3.	Pharmacogenomic podcast	Produced and due for release June 2022	Further live stream in development
4.	Pharmacogenomics awareness and engagement	Outline plan developed with aim for first webinar in Summer 2022	Launched July 2022 with 3 rd webinar planned for Oct 2022.

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	webinar series development		
5.	Launch professional network via RPS connect	No progress as RPS connect platform not available	Await RPS connect platform

Advice requested from Board:	For noting only	<table><tr><td></td><td>At risk of not being delivered</td></tr><tr><td></td><td>Delayed</td></tr><tr><td></td><td>On plan</td></tr></table>		At risk of not being delivered		Delayed		On plan
	At risk of not being delivered							
	Delayed							
	On plan							

National Pharmacy Board meeting – 29 September 2022

Title of item	Inclusion and Diversity
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	0207 572 2353
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update – round up of Q2 & Q3 2022 activity and upcoming activity for Q4 2022
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement and collaboration with key stakeholders and pharmacy organisations to create change and long-term commitment to the RPS Inclusion and Wellbeing pledge • Staff absence and sickness <p>All risks have been mitigated against</p>
Resource implications	RPS Staff Time

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession.

We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

Summary of activity /achievements to date

1. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment process to be undertaken on membership products and external policies; this has now been approved by the RPS Executive and Assembly and has been embedded into practice when initiating a project. To date EQIAs have been conducted on RPS curriculum and educational frameworks.

2. Address Black students' awarding gap at both undergraduate and post graduate level.

This has been raised with the Pharmacy Schools Council (PhSC) how we can work together to improve undergraduate and registration assessment pass rates for Black students, particularly to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. These conversations are ongoing.

There is also an opportunity to consider solutions through the collaborative Inclusive Professional Practice with NHS England and APTUK as part of the project to increase the diversity in senior leader roles across pharmacy organisations.

3. Equality, Diversity and Inclusion (EDI) Data Collection

The survey results will be reported to Assembly in November. We will be using the data internally to provide us with more information on the demographics of our membership as well as determining recommendations of how we should be collecting EDI data in a more meaningful and sustainable way.

We are continuing to collect EDI data for our national boards and assembly, and for each of our expert advisory groups as well as educational programmes.

4. Advocacy Asks

We want to bring change and lead the charge for the profession; therefore, focussing on policy and advocacy asks on key priorities for each protected characteristic. We will be championing for what the profession needs to flourish and to ensure the changes we would like to see in the profession are being actioned to produce meaningful long-lasting change.

They will be focused on improving the professions experience of working within the profession and reducing inequalities and removing barriers that individuals experience. We are working with key stakeholders including the ABCD group to ensure they reflect what the profession needs.

Working towards and progress of the advocacy asks will form one of the key elements of our outcomes impact evaluation throughout the next year.

5. Parents and Carers Campaign

In our RPS I&D strategy we have committed to support parents and carers within the workplace, our society's ingrained culture around pregnancy and maternity can slow down a women's career progression and devalues the time new fathers spend with their children. An increasing number of individuals have caring responsibilities for family members and they need to be better supported.

The aim of the campaign is to highlight the challenges experienced by parents and carers within the workplace to enable parents and carers to work in a judgement free environment and have the options of choosing family friendly working arrangements.

To achieve this, we'll share experiences through blogs and live panel sessions, promote and produce guidance on a range of topics to support individuals on a number of things including returning to practice and requesting flexible working arrangements.

We will encourage shared parental leave by finding role models within the profession and we'll be transparent about employment statistics such as the gender pay gap, publishing them so they're available for scrutiny.

The campaign will be launched on 26th September and will run for a year.

6. Professional Collaboration

GPhC

We have met with the GPhC to discuss our alignment with inclusion and diversity and workforce wellbeing across the two organisations, we are working on a document to identify areas of collaboration and supporting each other's work and to potentially hold a profession wide roundtable.

Health Education and Improvement Wales (HEIW)

We have been working closely with the HEIW foundation trainee team to embed inclusion and diversity throughout the training year. A timetable of workshops and activity has been scheduled for the 2022 trainees.

Inclusive Pharmacy Practice - Health Inequalities

Working with the three Chief Pharmaceutical Officers across England, Scotland and Wales to support with inclusive pharmacy practice.

England: RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- Supporting with IPP webinars
- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG)
- Attendance at the IPP Board Meetings

Wales: A statement of Inclusive Pharmacy Practice has been drafted, discussed and agreed through the Welsh Pharmacy Partnership Group.

Scotland: Scottish Government and other pharmacy organisations are committed to changing the culture to make pharmacy more inclusive and to better support workforce wellbeing. It was agreed to use the RPS pledge as a step towards this, and then for further discussions to take place about other actions needed.

Chemist & Druggist and Pharmacy Support invited us to be part of on panel sessions to discuss racism within pharmacy and also the importance of discussing mental health and wellbeing

Attended a PREP now stakeholder engagement workshop to build on the advocacy work we have done previously in supporting the access of PREP from community pharmacies in England and Wales.

7. Drumbeat Events and Celebrations

The most recent celebrations have been:

a. Pride Month

To celebrate Pride month, we have walked with 45 RPS staff, members and their friends in Pride in London Pride on 2nd July; We are also asking members to share their attendance at Pride celebrations across GB.

We have also had a [blog](#) by Raj Pandya explaining the importance of LGBTQIA+ workplace networks for individuals and communities.

b. Windrush Day

To acknowledge Windrush Day we have shared a [blog](#) by Sharon Rennie a pharmacy technician on why Windrush Day matters to her.

Thorrun Govind chair of the English Pharmacy Board has signed a [joint letter](#) to make the 75th anniversary of Windrush in 2023 a national major moment.

South Asian Heritage Month

We collaborated with Pharmacy Technicians of Colour, APTUK, Boots and Pharmacy Female Leaders Network to celebrate South Asian Heritage Month within pharmacy. We shared profiles of South Asian pharmacy professionals who shared what they value about their heritage and culture on [Twitter #SAHMPHarm](#)

Social media livestreams which went across YouTube, LinkedIn, Facebook and Twitter:

- We were joined by Sureena Speaks, Menpowerment and Sachin Patel from Boots to talk about mental health in South Asian communities
- Pharmacy Technicians of Colour led a brilliant discussion on Me and My South Asian Heritage
- The Female Pharmacy Leaders Network highlighted Intersectionality from a South Asian female perspective

Blogs from Kanika Girdhar who moved from Canada to study pharmacy in the UK and the RPS Museum with a short history of tea.

8. Upcoming Activity

Scottish Disability Roundtable – Jeremy Balfour MSP a Convener for the Cross-Party Group on Disability has kindly offered to host a Disability Roundtable in Pharmacy to discuss the challenges and barriers individuals with a disability experience and how these can be improved.

Upcoming drumbeat events:

- Black History Month – we are looking to run a number of panel sessions discussing key topics and sharing profiles of black pharmacy staff, celebrating their contributions to pharmacy across the month.
- Transgender Awareness Week – highlighting the support transgender patients and members of pharmacy need.
- International Men's Day

Upcoming network-led events supporting belonging

- ABCD Meeting – Discussing attitudes to parents and carers
- Social Media Livestream event – How to request flexible working as a parent or carer
- Gender Equality Event

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Amandeep Doll	Overall RAG
Reporting period		Quarter 2/3 July - September	
Risks / issues/		<ul style="list-style-type: none"> Lack of engagement with RPS EDI membership survey Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge Staff absence and sickness 	
Project deliverables		Progress summary	Next Steps:
1	Publish Disability Roundtable report	On track	To continue to engage with the profession and highlight to key stakeholders what changes need to be made.
2	Report on RPS Member EDI Data Collection	On track the report has been drafted	To have finalised with future recommendations
3	Identify key policy and advocacy asks for different protected characteristics	Currently being drafted with policy and public affair teams	To be send out to key stakeholders impacted to shape and refine.
4	Parents and Carers Campaign	Currently running focus groups to form advocacy and lobbying points	To test advocacy points with ABCD members

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 29th September 2022

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in June 2022
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change.

Progress has been made in a number of areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing and we have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace.

We have also published blogs that demonstrate ways in which this can be achieved.

Summary of activity /achievements to date

- Access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020 and 2021
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change
- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Had three meetings with the group in 2022 and one more planned. Over 190 members signed up to the WWAG
- Development of resources highlighted on RPS wellbeing hub
- Several blogs to demonstrate Workforce Wellbeing in action
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge

- Provided a series of learning sessions and Facebook live events with Pharmacist Support. We ran three sessions so far in 2022 and plan to run one more

Next steps

- Throughout 2022 we are focusing on two key areas that will improve the wellbeing of pharmacists in the workplace - Rest Breaks and Protected learning time
- Developing a PLT policy to support advocacy in this area
- Launch of the WWB survey for 2022 w/c 19 September (slight delay due to official mourning period)
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running learning events with them in 2022 and 2023
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area




RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Workforce Wellbeing		Overall RAG
Reporting period	June - September 2022		
Risks / issues/	Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice Working with key stakeholders to bring about long-lasting change		
Project deliverables	Progress summary	Next Steps:	

OPEN BUSINESS

1.	Develop an action plan on PLT	Completed	Use the action plan to continue to advocate in this area
2.	Develop a policy on PLT	In progress	Having clear recommendations will support advocacy work
3.	Develop member WWB survey for 2022	In progress	Survey launching w/c 19 September 2022
4	Analyse survey data and write report	Yet to start	Will be progressed following data collection from survey when survey closes

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

ROYAL PHARMACEUTICAL SOCIETY

English Pharmacy Board open meeting 29 September 2022

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

ENGLAND OPEN BUSINESS AGENDA 29 September 2022 at 13.30 – 15.45pm

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1 (13.30)	Welcome and apologies	To note	Verbal	The Chair to welcome all to the meeting and note apologies received	Thorrund Govind, EPB Chair	Thorrund Govind, EPB Chair
2	Declarations of Interest	To note	22.09.EPB.02	To note declarations of interest (either standing interests or interests specific to this meeting)	Thorrund Govind, EPB Chair	Thorrund Govind, EPB Chair
3	Minutes of previous meeting and matters arising	To approve	22.09.EPB.03	To approve the open business minutes of the EPB meeting held on 28 June 2022 and to discuss matters arising from these minutes	Thorrund Govind, EPB Chair	Thorrund Govind, EPB Chair
4. (13:40)	Sectoral Places	For Decision	22.09.EPB.04 and appendix	To discuss Sectoral Places for the EPB	Ravi Sharma, Director for England	Thorrund Govind, EPB Chair
5. (13.50)	Any Other Business	Verbal	For discussion	Any other business to discuss.	Thorrund Govind, EPB Chair	Thorrund Govind, DPB Chair

End of EPB Open business at 14.00pm and observers asked to leave meeting						
Confidential Business – starting at 14.05pm						
1C (14.05)	Minutes of previous meeting and matters arising	To approve	22.09.EPB.01C	To approve the confidential business minutes of the EPB meeting held on 28 June 2022 and matters arising from these minutes.	Thorrund Govind, EPB Chair	Thorrund Govind, EPB Chair
2 C (14.10)	PDA Safer Pharmacies Charter	To note	Verbal Update	For the Chair and Director of England to give the EPB an update following on from the National Board Chairs' Forum meeting on 14 September 2022	Thorrund Govind, EPB Chair Ravi Sharma, Director for England	Thorrund Govind, EPB Chair
14.25pm - Tea/Coffee Break – 10 mins						
3C (14.35)	Work planning for 2023	Verbal	For discussion	To review progress on the delivery of the 2022 country workplan. To discuss Board priorities for the RPS country workplan for 2023.	Ravi Sharma, Director for England	Thorrund Govind, EPB Chair
2C (15.35)	Any Other Confidential Business	EPB Whatsapp group	For discussion	To discuss the appropriate use of the EPB Whatsapp group	Ewan Maule	Thorrund Govind, EPB Chair
End of EPB Confidential business at 15.45pm						

English Pharmacy Board meeting 28/29 September 2022

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Martin Astbury

- Morrison's Pharmacy pharmacist (employee)
- Pharmacy Research UK charity trustee
- member of the RPS Pharmaceutical Publications (PhP) board

Emma Boxer

- Lead pharmacist CHOICE Ltd, Sunderland outpatients
- Rheumatology pharmacist, Sunderland Royal hospital
- Committee member of the RPS, Early careers pharmacist advisory group
- NICE adoption and impact panel member

Sharon "Sibby" Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member

OPEN and CONFIDENTIAL BUSINESS

- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- “The Menopause Group” Pharmacist Consultancy
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Sister – Regional Lead Pharmacist Interface Clinical Services
- Sister – Pharmacist Boots Ireland
- Brother-in-Law – Pharmacist HSE Ireland

Mary Evans

- No interests to declare

Thorrund Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrund Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society

Brendon Jiang

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Member of Greener Practice Oxfordshire

OPEN and CONFIDENTIAL BUSINESS

Alisdair Jones

- partner works in the NHS as an occupational therapist,
- member of national executive as Treasurer to the PDA Union.
- member of the governing body of St Mary's Primary Academy, Folkestone.
- Member of The Pharmacist Cooperative
- Member of the Primary Care Pharmacy Association

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- NHS Sunderland CCG
- North East and North Cumbria ICS
- Member of the Guild of Healthcare Pharmacists

Erutase Oputu

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Professional Expert, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Tuesday 28 June 2022 at 14.15 by Zoom.

Present:

English Pharmacy Board

Thorrund Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sibby Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Ewan Maule (EM), Erutase (Tase) Oputu (TO),)

In attendance:

RPS Staff

Paul Bennett (PB) Chief Executive, Sarah Crawshaw (SC) CPhO Fellow to the RPS, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; John Lunny (JL), Public Affairs Lead England, Ravi Sharma (RS) Director for England, Heidi Wright (HW) Practice and Policy Lead for England.

In Attendance

Priyanka Patel, President, BPSA
RPS member observers

Apologies

Michael Maguire (MM),
Paul Summerfield (PS)

Please note the agenda was changed in order to further discuss the PDA Safer Pharmacies Charter

22/06/EPB.01	<p>PDA Safer Pharmacies Charter continued</p> <p>TG introduced this item saying that as agreed at the previous National Board Meeting which had just concluded there was to be a vote on two questions relating to the endorsement of the PDA Safer Pharmacies Charter.</p> <p>TG called for conflicts of interest, the following were given:-</p> <ul style="list-style-type: none">• Alistair Jones – Elected Officer PDA Union• Thorrun Govind – Indemnity member of PDA• Martin Astbury – Indemnity member of PDA• Emma Boxer – Indemnity member of PDA• Adebayo Adegbite – Indemnity member and also Elected PDA Union South East England Regional Committee Locum Sector Representative• Sibby Buckle – Indemnity member of the PDA• Mary Evans – Indemnity member of the PDA <p>It was highlighted that having PDA indemnity insurance should not be considered a conflict.</p> <p>The following two questions were put into the “chat box” and after some discussion it was agreed to vote on Question 2 first. The questions are as follows:-</p> <p>Vote 1: Yes/no to: Should RPS endorse the PDA Safer Pharmacies Charter?</p> <p>Vote 2: Yes/no to endorsing this statement: “RPS broadly agrees with the PDA Safer Pharmacies Charter. To take this forward, we invite the PDA and others to work with RPS to create a joint statement which reflects both the principles of the Charter and RPS policies and professional standards on wellbeing and safety across all sectors of pharmacy.”</p> <p>Voting result – Question 2</p>	
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	<p>Claire Anderson – Yes Mary Evans – Yes Adebayo Adegbite – Yes Sibby Buckle – Yes Alisdair Jones – Yes Ciara Duffy – Yes Martin Astbury – Yes Thorrund Govind – Yes Tase Oputu – Yes Brendon Jiang – Yes Emma Boxer – Yes Ewan Maule – No</p> <p>Question 2 outcome – Yes vote carried</p> <p>Voting result - Question 1</p> <p>Claire Anderson – Yes Mary Evans – Yes Adebayo Adegbite – Yes Sibby Buckle – Yes Alisdair Jones – Yes Ciara Duffy – Yes Martin Astbury – Yes Thorrund Govind – Yes Tase Oputu – Yes Brendon Jiang – Yes Emma Boxer – Yes Ewan Maule – Yes</p> <p>Question 1 outcome - Yes vote carried</p> <p>The outcome of the votes will be discussed with the Scottish and Welsh Boards.</p>	
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22.06/EPB.02	Any other Business There was no other English Pharmacy business.	
22.06/EPB.03	Board members and guests were thanked for joining the meeting and for their contributions. The meeting closed at 14.45pm to be followed by a joint National Pharmacy Board confidential business session at 14.50pm	
22.06/EPB.03	Dates of next NPB meetings: National Pharmacy Board meeting –29 September 2022 <ul style="list-style-type: none">• EPB – working day -provisional date 28 September 2022.• SPB and WPB have the option for 1 additional working day.	

English Pharmacy Board meeting 29 September 2022

Title of item	Review the removal of sectoral places on the English Pharmacy Board
Open, confidential or restricted item	Open
Author of paper	Yvonne Dennington
Position in organisation	Business Manager England
Telephone	0207 572 2208
E-mail	Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chair
Purpose of item (for decision or noting)	Discussion/decision
Headline summary of paper	As per paper 15.06.EPB.07C it is recommended that a statutory item appear on the EPB meeting in June of each year to review the composition of the board subsequent to the removal of sectoral places.

Purpose

This is a regular standing item to review the composition of the Board, following the recent elections. We need to consider whether the breadth of the profession is adequately represented and also to consider the pros and cons of making any changes for the 2023 elections.

See appendix re Board member sector representation from 2015 - 2022

Background

At the English Pharmacy Board (EPB) meeting in June 2015 and subsequent Assembly approval of the EPBs recommendation in July 2015, the provision for the election to sectoral places on the EPB was removed commencing with the elections for 2016 (refer to paper 15.06/EPB.07C and corresponding minutes).

The English Pharmacy Board agreed the following:-

“The English Pharmacy Board shall have a statutory item as its last agenda item of its June meeting. This item will be a discussion item with decision and actions if required. The English Pharmacy Board will consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors.”

Actions under this statutory item from the English Pharmacy Board at their June meetings could include:-

- a. co-opt (up to 1 place under present arrangements)*
- b. permanently invite someone for the year*
- c. invite as required to specific meetings*
- d. Reserve a place at the next board elections*
- e. Move back to reserve places covering sectors of practice*

The above statutory item will be included in the English Pharmacy Board June meeting as any decision made under this item will need to be ratified by the Assembly at its meeting in July in order to come into effect at the next election.”

Action:

The English Pharmacy Board will consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors.

OPEN BUSINESS

- Should EPB continue with the current election scheme pertaining to sectoral places (ie there are no sectoral places – all places are open to all candidates)?
- How often should this decision be reviewed?

The English Pharmacy Board may wish to consider any or all of the above actions **a) to e)**.

Ravi Sharma
Director for England
Yvonne Dennington
Business Manager England

English Pharmacy Board Sectoral Places Appendix to paper 22.09.EPB.04

Please note – No elections took place in 2020 due to the Pandemic.

Name 2015	Sector	Name 2016	Sector	Name 2017	Sector	Name 2018	Sector	Name 2019	Sector	Name 2021	Sector	Name 2022	Sector
Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community	Sibby Buckle	Community
David Carter	Community	David Carter	Community	David Carter	Community	David Carter	Community	David Carter	Community	David Carter	Community	Ewan Maule	Commissioning/Primary Care
Sid Dajani	Community	Sid Dajani	Community	Sid Dajani	Community	Sid Dajani	Community	Andre Yeung	Community/commissioning	Andre Yeung	Community/commissioning	Adebayo Adegbite	Community
Martin Astbury	Community	Martin Astbury	Community	Martin Astbury	Community	Martin Astbury	Community	Martin Astbury	Community	Martin Astbury	Community	Martin Asbury	Community
Sandra Gidley	Community	Sandra Gidley	Community	Sandra Gidley	Community	Sandra Gidley	Community	Sandra Gidley	Community	Mary Evans	Hospital	Mary Evans	Hospital
Tony West	Hospital	David Branford	Hospital	David Branford	Hospital	Thorrund Govind	Community	Thorrund Govind	Community	Thorrund Govind	Community	Thorrund Govind	Community
Aamer Safdar	Hospital	Aamer Safdar	Hospital	Aamer Safdar	Hospital	Aamer Safdar (1 yr tenure)	Hospital	Duncan Petty	Academia	Duncan Petty	Academia	Brendon Jian	Primary Care/Pharmacy Consultant
Anthony Cox	Academic	Elizabeth Butterfield	Primary Care	Elizabeth Butterfield	Primary Care	Elizabeth Butterfield	Primary Care	Brendon Jiang	Primary Care and community	Paul Summerfield	Community/Academia	Paul Summerfield	Community/Academia

Deborah Evans	Industry	Deborah Evans	Industry	Nadia Bukhari	Academic	Nadia Bukhari	Academic	Nadia Bukhari	Academic	Ciara Marie Duffy	Hospital	Ciara Marie Duffy	Industry/Hospital
Ash Soni	Community	Ash Soni	Community	Ash Soni	Community	Ash Soni	Community	Ash Soni	Community	Michael Maguire	All sectors	Michael Maguire	All Sectors
Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic	Claire Anderson	Academic
Mahendra Patel	Academic	Mahendra Patel	Academic	Mahendra Patel	Academic	Mahendra Patel	Academic	Mahendra Patel	Academic	Alisdair Jones	Primary Care	Alisdair Jones	Primary Care
Catherine Armstrong	Primary Care	Catherine Armstrong	Primary Care	Catherine Armstrong	Primary Care	Hemant Patel	Community	Hemant Patel	Community	Erutase Oputu	Hospital	Erutase Oputu	Hospital
Mike Hannay	Industry	Tracey Thornley	Community	Tracey Thornley	Community	Tracey Thornley	Community	Tracey Thornley	Community	Tracey Thornley	Community	Emma Boxer	Hospital

Scottish Pharmacy Board (SPB) meeting – 29 September 2022

This meeting will be hybrid between 44 Melville Street, Edinburgh, and a Zoom link

(13:00) Lunch (30 mins)

15. (13:30)	Work planning for 2023	Verbal	For discussion	To review progress on the delivery of the 2022 country workplan. To discuss Board priorities for the RPS country workplan for 2023.	Introduction by Clare Morrison, Director for Scotland, RPS Discussed chaired by Andrew Carruthers, SPB Chair
16. (15:00)	Professional leadership commission		For discussion	To discuss Scottish specific aspects of the Professional Leadership Commission.	Andrew Carruthers, SPB Chair
17. (15:30)	Single shared patient records		For discussion	To collate views for the RPS-GPhC round table to be held on 5 October	Andrew Carruthers, SPB Chair
18. (15:45)	Items for noting	Papers	For noting	To note progress reports from RPS teams and projects.	Andrew Carruthers, SPB Chair
19. (15:50)	Plan for next meeting	Verbal	For decision	To decide the need for an evening meeting in October and topic, eg, RPS Annual Conference	Andrew Carruthers, SPB Chair
20. (15:55)	AOB	Verbal	For discussion		Andrew Carruthers, SPB Chair

Meeting ends at 16:00

Welsh Pharmacy Board (WPB) meeting – 29 September 2022

This meeting will be in person at RPS, Wales Office, 2 Ash Tree Court, Woodsy Close, Cardiff Gate Business Park, CF23 8RW with Zoom link available for anyone unable to attend in person.

(13:00) Lunch (50 mins)					
2. (13:50) 60 mins	Work Planning for 2023	Verbal	For discussion	To review progress on the delivery of the 2022 country workplan. To discuss Board priorities for the RPS country workplan for 2023.	Introduction by Elen Jones Director for Wales, RPS Discussion chaired by Cheryl Way WPB Chair
3. (14:50) 30 mins	Professional leadership commission		For discussion	To discuss Welsh specific aspects of the Professional Leadership Commission.	Cheryl Way, WPB Chair
4. (15:20) 30 mins	PDaHW – Vision update	Paper	22.09.WPB.01	To update the board on the PDaHW Vision	Elen Jones/Ross Gregory
5. (15:50) 20 mins	Daffodil Standards	Paper	22.09.WPB.02	To update the board on the Daffodil Standards	Karen Hodson, Policy Lead Wales
6. (16:10)	AOB	Verbal	For discussion		Cheryl Way, WPB Chair
Meeting ends at 16:15					

Welsh Pharmacy Board meeting – 29 September 2022

Title of item	Pharmacy; Delivering a Healthier Wales project update.
Author of paper	Elen Jones
Position in organisation	Director, Wales
Telephone	
E-mail	Elen.Jones@rpharms.com
Item to be led at the meeting by	Elen and team
Headline summary of paper	Update on the 2025 goal setting project and discussion on ongoing activity to support implementation of the goals.
Purpose of item (decision / discussion)	Update and discussion
For consideration	How will the WPB support the implementation of the 2025 goals? RPS leading on ongoing activity of the PDaHW delivery board and wider strategy will be a significant focus for our work plan. How do we balance the leadership for all of pharmacy and ensuring enough member specific activity?
Risk implications	Reputational risk if we do not continue to progress the vision positively for pharmacy.
Resource implications	Staff time Finance for events, marketing, communications

Pharmacy; Delivering a Healthier Wales project update.

Questions for consideration:

1. How will the WPB support the implementation of the 2025 goals?
2. RPS leading on ongoing activity of the PDaHW delivery board and wider strategy will be a significant focus for our work plan. How do we balance the leadership for all of pharmacy and ensuring enough member specific activity?

What we are looking to achieve. (Discussion based on questions above)

- Re-confirming our commitment to the vision work for Wales and establishing our ambitions for ongoing activity.
- An opportunity for the WPB to consider this work alongside other priorities for our 2023 business plan

Background:

Pharmacy: Delivering a Healthier Wales is the vision of the profession, by the profession. Aligned to A Healthier Wales, the Welsh Government's long term vision for health and social care, Pharmacy: Delivering a Healthier Wales sets out long term goals and principles, and short term actions required to transform the role and contribution of pharmacists, pharmacy technicians, pharmacy teams and pharmacy premises across Wales.

Development of the vision

Following a 2018 Senedd Committee inquiry into medicines management, the Health Minister asked the Welsh Pharmaceutical Committee (WPhC) to develop a plan describing the future roles of pharmacy professionals in Wales. As the WPhC only exists when in session, they asked the RPS to take over project management and development of the work. This was agreed by the WPB and the RPS team commenced the work.

There were two parts to this project:

1. To address a three-year plan for the future roles of pharmacy to 2022
2. To continue this trajectory for a vision for pharmacy up to 2030.

Through expert working groups, online surveys and focus groups, over 400 pharmacy professionals contributed to the final vision which was published in April 2019.

Implementing the vision

The Pharmacy: Delivering a Healthier Wales Delivery Board was subsequently established to help deliver the vision and to provide strategic oversight of the programme. The vision has already instigated positive development across a number of areas including the new community pharmacy contract with its focus on clinical services and independent prescribing, transforming access to medicines in secondary care and initial work on an electronic prescribing system. More information on delivery to date can be found on the PDaHW website which includes details of minutes of board meetings, funded projects and blogs from pharmacists and pharmacy technicians discussing how they've put the vision into action.

Setting new short-term Goals

The initial PDaHW document published in 2019 included a number of interim goals to be completed by 2022 to act as steppingstones to achieve the overarching 2030 vision. Now that we have reached 2022 and reflected on the substantial progress made to date, we now look to build on this progress and establish a new set of three year goals. These new goals will set the expectations of what we will collectively achieve by 2025.

The RPS is leading the development of this activity on behalf of the Welsh Pharmaceutical Committee. Since April 2022 we have engaged extensively with pharmacists, pharmacy technicians, and other key stakeholders including other professional bodies and patient representative organisations. Over 300 professionals have contributed to this process.

The draft goals are the product of this engagement and we have held an open consultation on these goals during August-September.

Following this public consultation period, the responses are being collated and analysed by RPS. A final version of the goals will then be taken to WPhC to be agreed on the 28th September.

Launching the 2025 goals

The new goals will be embedded into a new document that will complement the original vision. The document will be designed, and website updated. A new 'easy-read' document will be created also. A launch event will take place week on Thursday 27th October from 12 – 1pm, at The Glamorgan Cricket Club, Sophia Gardens, Cardiff, CF11 9XR to re-confirm commitment to the vision.

Ongoing management of the project

Welsh Government have requested that RPS take over ongoing management of the PDaHW project, which will be a commissioned piece of work and a commitment of at least 3 years. RPS will support the Delivery Board as a part of this commitment.

Engagement with key stakeholders to ensure delivery and implementation of the activities to achieve the overarching goals will continue at pace

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG
Reporting period		
Risks / issues/		
Project deliverables	Progress summary	Next Steps:
1.		
2.		

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Name of theme lead(s):		Overall RAG
Reporting period:		
Risks / issues:		
Project deliverables:	Progress summary:	Next steps:
1.		
2.		

Advice requested from the Board:	
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?	At risk of not being delivered
	Delayed
	On Plan

National Pharmacy Board meeting – 29 September 2022

Title of item	Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)
Author of paper	Darrell Baker
Position in organisation	Project lead RPS Wales
Telephone	+44 (0) 207 572 2348
E-mail	Darrell.Baker@rpharms.com
Headline summary of paper	Update on partnership project with Marie Curie UK to develop quality improvement standards for palliative and end of life care and support their implementation across Community Pharmacy in the UK. The work has started and will be completed for launch by the end of 2022, with support and enabling implementation resource ongoing.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	Marie Curie UK are funding a contract with RPS to support the development work and publish the standards and supporting materials.

Title-

Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)

Background (Reason for activity and ambitions)

This work will align to the already established RCGP and Marie Curie 'Daffodil Standards for advanced serious illness and end of life care' for GP Practices. It

builds upon the RPS Wales Policy document published in 2019, Palliative and End of Life Care: Pharmacy's contribution to improved patient care.

The work will produce a blend of quality statements, evidence-based tools, reflective learning exercises and quality improvement steps to help the whole community pharmacy team to self-assess, develop and continuously improve their practices to offer the best end of life and bereavement care for patients and their carers.

Summary of activity /achievements to date

- Contractual arrangements agreed
- Multi-professional and cross sector expert steering group established (2 meetings held).
- Literature & evidence review progressing with support from a research sub group from the wider steering group.
- Initial draft of standards developed and shared with the expert steering group for feedback.
- Feedback also received at the previous 2 meetings of the RPS' Community Pharmacy Expert Advisory Group.
- Meetings held with RCGP for advice from their own development and to discuss facilitating collaboration between practices and community pharmacies as well as linking both sets of standards.

Next steps

- Evidence-based literature review to be completed
- Next steering group meeting to be held in late September.
- Supporting and enabling materials to be identified (and developed as necessary)
- First draft of standards and commitments to be prepared and released for public consultation.
- Patient/carer focus group to be held for feedback.
- Community pharmacies to be identified to take part in piloting individual standards.
- Presentations on the project to be given at the RPS Annual Conference & Association of Supportive and Palliative Care Pharmacy.

Conclusion:

Development project to support improved standards of palliative and end of life care through community pharmacies across the UK. Partnership project with Marie Curie UK and in collaboration with RCGP.

xxx BUSINESS

Advice requested from Board:	For noting
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	At risk of not being delivered
	Delayed
	On plan