

ROYAL PHARMACEUTICAL SOCIETY

Joint National Pharmacy Board meeting 28 June 2022

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

OPEN BUSINESS AGENDA 28 June 2022 at 09:00 to 14:45

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1. (09:00)	Welcome and address from President/CEO	For noting	Verbal	Claire Anderson and Paul Bennett to welcome board members, particularly, the newly appointed board members, member observers and staff to the meeting	Claire Anderson, RPS President/ Paul Bennett, RPS CEO	Chair, SPB
2.	Apologies	For noting	Verbal	To note apologies	Chair, SPB	Chair, SPB
3.	a. Declarations of Interest b. Board members functions and duties	For noting	22.06/EPB/SPB/ WPB.03a 22.06/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	Chair, SPB	Chair, SPB
4	Minutes	For decision	22.06/NPB/04a	To approve minutes from the open business of NPB meeting on 2 February 2022.	Chair, SPB	Chair, SPB

				Also to approve the minutes from the recent election meetings held on: English Pharmacy Board (EPB) - 21 June 2022 (22.06/EPB/04b) SPB – 8 June 2022 (22.06/SPB/04b) Welsh Pharmacy Board (WPB) – 22 June 2022 (22.06/WPB/04b)		
5.	Matters arising	For noting	22.06/NPB/04a (actions)	To note matters arising from the above minutes that are not specifically included on the agenda	Chair, SPB	Chair, SPB
6. Advancing Professional Practice						
6.a (9:30)	Vision work	Update	Verbal	An update on country specific visions	Country Directors	Chair, SPB
6.b.i (10:00)	Strengthening pharmacy governance	Discussion	22.06/NPB/06b	To discuss a three-Board position statement on strengthening pharmacy governance (supervision), following the separate individual Board decisions.	Elen Jones, Director for Wales	Chair, EPB
6.b.ii (11:00)	Strengthening pharmacy governance	Update and discussion	Verbal	To discuss strengthening pharmacy governance (supervision) with the Chief Pharmaceutical Officers (invited speakers).	Country Directors	Chair, EPB
11:30 – 11.40 Comfort Break 10 mins						
7.c (11.40)	PDA, Safer Pharmacies Charter	For consideration and decision	Verbal	To hear from the PDA (invited speaker) and consider whether RPS should sign the PDA Safer Pharmacies Charter.	Ravi Sharma, Director for England	Chair, SPB

7.d (12.20)	Items for noting	For noting and Chair to note highlights	22.07/NPB/06d	i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy v. Sustainability vi. Pharmacogenomics	Chair, WPB	Chair, WPB
8. Professional Belonging						
8.	Items for noting	For noting and Chair to note highlights	22.06/NPB/07	i. Inclusion & Diversity - project update ii. Workforce wellbeing	Chair, WPB	Chair, WPB
9. Professional Engagement						
9.a. (12.30)	2022 events programme and Annual Conference	Presentation and for noting	Verbal	Pharmacy Board members to receive an update on developing the programme for the Annual Conference	Hanna Jenvey, Events & Sponsorship Manager/ Beth Ward, Interim Assoc. Director of Education and Professional Development	Chair, WPB
Lunch 13.00 for 30 mins						
9.b (13.30)	RPS Regions	For noting	22.06/NPB/08b	To give the Boards a progress update on the development of RPS Regions	Rachael Black, Pharmacy Engagement Manager & Clare Morrison,	Chair, WPB

					Director for Scotland	
9.c (13.45)	Participation and Comms Review	For noting and discussion	Verbal	To give the Boards a progress update and opportunity to discuss	Neal Patel, Interim Assoc. Director of Pharmacy and Member Exp	Chair, EPB
9.d (14.05)	Items for noting		22.06/NPB/09d	i. Public affairs ii. Marie Curie Daffodil Standards	Chair, SPB	Chair, SPB
10. (14.10)	Any other business and any discussions from items for noting.	For discussion		Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Chair, EPB	Chair, EPB
End of Joint Board Open Business – 14.15						
14.15 - Breakout rooms – country specific agendas. – 30 mins						
<p>English Pharmacy Board: See separate agenda below</p> <p>Scottish Pharmacy Board: See separate agenda below</p> <p>Welsh Pharmacy Board: See separate agenda below</p>						
End of Open business at 14.45 followed by 5 min comfort break						
English Pharmacy Board						
Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by

1. 14.15	Vision for Pharmacy Practice in England	For noting	Verbal	To give an update on the joint work with the RPS and The King's Fund on the Vision for Pharmacy Practice in England	Heidi Wright and Cathy Picton	Chair. EPB
End of Open business at 14.45 followed by 5 min comfort break						
Scottish Pharmacy Board						
Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1. 14.15	Future ways of working	Discussion	Verbal	To discuss the Board's meeting structure, ways of working and other Scottish engagement plans for the next year.	Clare Morrison, Director for Scotland	Chair, SPB
End of Open business at 14.45 followed by 5 min comfort break						

English Pharmacy Board meeting 21 and 28 June 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

- Interim ICS Chief Pharmacist BLMK ICS (Beds Hospital NHS Foundation Trust)

Thorrun Govind

- Locum Pharmacist-various pharmacies
- Solicitor- Hempsons
- Pharmthorrun Ltd]
- Social Media Consultancy
- Pharmacist – Boots
- Trustee- OCD UK
- ProperG LTD
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press

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

Alisdair Jones

OPEN and CONFIDENTIAL BUSINESS

- 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 **June 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: 13 June 2022

June 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

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
 - Member of Pharmacy Delivering a Healthier Wales

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

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

Details to be confirmed

Lowri Puw

Details to be confirmed

Liz Hallett

Details to be confirmed

National Pharmacy Board meeting – 28 June 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 Wednesday 2 February 2022, at 9 am, by Zoom.

Present

English Pharmacy Board

Thorrin Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Claire Anderson (CA), Sharon (Sibby) Buckle (SB), David Carter (DC), Ciara Duffy (CD), Mary Evans (ME), Alisdair Jones (AJ), Michael Maguire (MM), Erutase (Tase) Oputu (EO), Duncan Petty (DP), Paul Summerfield (PS), Tracey Thornley (TT), Andre Yeung (AY)

Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Brian Addison (BA), William (Iain) Bishop (IB), Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JM), Catriona Sinclair (CS), Jacqueline Sneddon (JS), Audrey Thompson (AT),

Welsh Pharmacy Board

Cheryl Way (CW) Chair, Ruth Mitchell (RM), Vice Chair, Eleri Schiavone (ES), Helen Davies (HD), Richard Evans (RE), Geraldine Mccaffery (GM), Jamie Hayes (JH), Sudhir Sehrawat (SS) Gareth Hughes (GH)

In attendance:

Bella Shah, President BPSA

Alex Scarbo, Vice President BPSA

Jatinder Harchowal, Chair, Hospital Expert Advisory Group

10 Member observers attended the meeting

RPS Staff

Claire Anderson (CA) RPS President, 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, Jonathan Lloyd Jones (JLJ) Policy and Engagement Lead, Wales; John Lunny (JL), Public Affairs Lead, England, Clare Morrison (CM), Director for Scotland, Carolyn Rattray (CR) Business Manager, Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Taylor (RTay), Support Officer, Robbie Turner (RT) (Director of Pharmacy and Member Experience, Cath Ward (CW), Business Manager, Wales, Laura Wilson (LW), Practice and Policy Lead, Scotland, Heidi Wright (HW), Practice and Policy Lead, England.

22/02/01.	<p>Welcome and address from CEO/President Chair: Thorrun Govind (TG), Chair, English Pharmacy Board (EPB). Led by: Chair, EPB</p> <p>Paul Bennett (PB), Chief Executive, provided the initial welcome to Board Members (BMs), observers and staff. PB then introduced the RPS President, Claire Anderson (CA). CA added her warm welcome to everybody to the meeting. CA noted that it is LGBTQIA+ History Month. LGBTQIA+ was established in 2005; it celebrates diversity, raises awareness and combats prejudice in education. This year's campaign celebrates politics and art; it is inspired by a Martin Luther King quote: <i>"the arc of the moral universe is long but it bends towards justice"</i>. RPS will be acknowledging LGBTQIA+ History Month by holding an ABCD meeting on Tues 8 February.</p>	
22/02/02.	<p>Apologies Chair: EPB, Led by: Chair, EPB</p> <p>SPB: Kathleen Cowle (KC); John McAnaw (JMcA) WPB: Elly Thomas (ET), Dylan Jones (DJ).</p>	
22/02/03a.	<p>Declarations of interest (Papers: 22.02/EPB/03a, 22.02/SPB/03a and 22.02/WPB/03a). Chair: EPB, Led by: Chair, EPB</p> <ul style="list-style-type: none"> • Sharon (Sibby) Buckle (EPB) - remove: reference to father; add: works for the LPC two days a week as the CPCS Implementation and Programme Lead • Helen Davies (WPB) - add: member of Unite the union/Guild of Healthcare Pharmacists • Eleri Schiavone (WPB) - add: All Wales Medicines Strategy Group, Member of All Wales Medicines Strategy Group Steering Committee, Member of the WPB 	<p>YD</p> <p>CW</p> <p>CW</p>

	<p>There were no other declarations of interest.</p> <p>Action 22.02.01: CW and YD to update decs of interest for their respective countries.</p>	
22/02/03b.	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.02/NPB/03b) Chair: EPB Led by: Chair, EPB</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>The item: Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.02/NPB/03b).</p>	
22/02/04.	<p>Minutes of the National Pharmacy Boards' (NPB) Joint Formal Business meeting, held on 23 September 2021. (Paper: 22.02/NPB/04) Chair: EPB, Led by: Chair, EPB</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 23 September 2021.</p> <p>Approved by: David Carter (EPB). Seconded by: Iain Bishop (SPB).</p>	
22/02/05.	<p>Matters arising Chair: EPB, Led by: Chair, EPB</p> <p>There were no matters arising.</p>	

22/02/06.	<p>Standing orders - voting (Paper: 22.06/NPB/06) Chair: EPB, Led by: Robbie Turner, Director, PMEX</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>the proposal to change the current standing order for the National Pharmacy Boards to align with the amendment to the Standing Orders for the Assembly. Amendment, as noted below:</p> <p>'12.3 If a vote is necessary to resolve a debate it shall be determined by a simple majority of votes cast. Names of members of the National Pharmacy Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded'.</p>	
Advancing professional practice		
22/02/07a.	<p>Vision work Chair: Andrew Carruthers (AC), Chair, Scottish Pharmacy Board (SPB), Led by: Country Directors</p> <p>The Directors for England, Scotland and Wales provided verbal updates on the RPS pharmacy visions in their respective countries.</p> <p><u>Wales:</u> Elen Jones (EJ), Director for Wales, updated Board members on the progress and updated plans for the Vision for Pharmacy work, since the original report <u>Pharmacy: Delivering a Healthier Wales</u> was published in 2019; RPS led on the Vision but worked closely with members of the Welsh Pharmaceutical Committee and other stakeholders ensuring the buy-in from the whole pharmacy family; engagement with so many stakeholders has allowed the vision to be driven forward. The report is made up of four key areas:</p> <ul style="list-style-type: none"> • Enhancing patient experience 	

	<ul style="list-style-type: none">• Developing the pharmacy workforce• Seamless pharmaceutical care• Harnessing innovation and technology <p>The overarching direction of travel is to ensure that care in Wales is enhanced and focussed on the patient.</p> <p>The vision is to be achieved by 2030 but, at the time that the report was published, interim goals were set for 2022; these are being reviewed. Welsh Government has set up a Delivery Board of practitioners and organisations to ensure that goals are achieved; a number of WPB members sit on the Board.</p> <p>The setting up of a Delivery Board in Wales has ensure that the Welsh Vision continues to gain traction. A Welsh Pharmacy Partnership has also been established which brings together key stakeholders, e.g. Community Pharmacy Wales (CPW) and reports on a monthly basis.</p> <p>RPS has been asked to lead the next set of goal development, setting the steppingstones for the 2025 goals; as part of this, RPS in Wales will lead another extensive engagement plan, with focus groups for pharmacists, pharmacy technicians and engaging with patient groups, the 3rd sector and other professional bodies.</p> <p>Core 2025 goals will be set in May and consulted on. The vision will be launched in September with an accompanying website which is in development.</p> <p><u>Scotland:</u> Clare Morrison (CM), Director for Scotland, announced that the Pharmacy 2030 Vision for Scotland would be launched during Scottish business today (2 February); Two documents, the full Vision and an executive summary can be found at: https://www.rpharms.com/pharmacy2030. The vision has taken nearly a year to produce and has involved pharmacy teams across all settings who have been involved in focus groups and consultations It was developed in partnership with the National Pharmacy Technician Group Scotland with a focus on person-centred holistic care. The Vision is split into 2</p>	
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	<p>sections; the first being about professional roles in pharmacy and the second being about underpinning infrastructure in order to achieve the Vision.</p> <p>The matter of traction will be considered at the launch of the Scottish Vision. The launch will be the 'start of making the Vision a reality'. Also, it will be responsibility of all BMs to ensure that the visions gain traction in their respective countries.</p> <p>It was confirmed that other healthcare professions had been consulted including royal colleges, patient groups (including the Alliance in Scotland), health and care and 3rd sector organisations.</p> <p>CM concluded by thanking everyone who had been involved in the development of the Vision.</p> <p><u>England:</u> Ravi Sharma (RS), Director for England, provided a brief verbal update.</p> <p>The EPB requested the team at September's Board Meeting to explore the possibility for RPS to lead a professional vision for pharmacy in England working in collaboration with members, the profession, pharmacy organisations, healthcare stakeholders and patients.</p> <p>This is particularly important time in England with Government and NHS England/Improvement rebuilding healthcare services and the NHS beyond COVID19 pandemic, emergence of a 'new breed' of pharmacist prescribers from 2026, NHS in England reforms and maturity of Integrated Care Systems, a focus on personalised care and ensuring that people get the best use from their medicines along with an unprecedented era of economic, demographic, and technological changes. All of which present challenges and opportunities for the pharmacy profession in England.</p> <p>The plans in relation to any RPS England vision work are in their initial stages and subject to further discussions and engagement, we hope to progress this during 2022.</p>	
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	<p>Common threads will work though all three visions and it will be crucial that learnings are taken from each and that duplication of effort is avoided. Milestones will be used to measure progress towards 2030. EJ noted that the Welsh Pharmacy Contract is closely aligned to the Welsh Vision and reflects that, for the Vision to really work, it has to be adopted by and aligned to the whole pharmacy family including all stakeholders. CM noted that each Vision needs to reflect the needs of each country's devolved services but that they should be aligned across GB: 'there should be the same solid spine'.</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the visions for pharmacy across all three countries.</p>	
22/02/07b.	<p>Pharmacogenomics (Paper: 22.02/NPB/07b) Chair: SPB, Led by: Ravi Sharma, Director for England and Sophie Harding, Pharmacogenomics Lead</p> <p>RS noted that Sophie Harding, Pharmacogenomics Lead, was unable to attend the meeting and that he would provide the update on pharmacogenomics.</p> <p>Following the discussion at the September 2021 Board meeting regarding genomics and personalised medicines, the NPBs recommended that the RPS team focus on pharmacogenomics, raising awareness and supporting RPS members in this area. The paper outlines the project plan for 2022.</p> <p>BMs were asked to review and agree objectives for the RPS Pharmacogenomics Project for 2022.</p> <p>In response to the questions posed in paper: 22.02/NPB/07b:</p> <p>1. To review and consider the proposed project objectives</p>	

	<p>a. Are the proposed objectives the ambitions board members would like for RPS in pharmacogenomics?</p> <ul style="list-style-type: none"> • BMs were supportive of the proposed project objectives. <p>b. Is there anything that has been omitted or needs further consideration?</p> <ul style="list-style-type: none"> • Consider upskilling of the existing workforce to ensure that all pharmacists are 'equipped with the knowledge' • Wider engagement to ensure that pharmacogenomics is considered as a subject for all pharmacists, 'normalised' rather than a 'specialism'. <p>2. What stakeholder relationships across the three Boards could support and inform the success of this project?</p> <ul style="list-style-type: none"> • Bio industry, pharma, internal (RPS) and external expert groups as appropriate, e.g. UKCPA and BOPA. <p>3. How should we measure impact of our pharmacogenomics project?</p> <ul style="list-style-type: none"> • Important to consider how other countries have measured the impact of pharmacogenomics, e.g. the Netherlands. It was agreed that the focus of RPS should be to measure the impact on practitioners rather than measuring impact at a service level. <p>4. We want to work with board members who have an interest and/or expertise in this area to advise and support the work we are doing and help us lead the profession. We would like each board to nominate one to two board members who act as our points of call throughout the project.</p> <ul style="list-style-type: none"> • BMs volunteered to advise and support the pharmacogenomics workstream: (SPB) Lola Dabiri (LD) and Jacqueline Sneddon (JS), (EPB) Tracey Thornley (TT). Volunteers from WPB required. <p>Action 22.02.02: Board Members to email RS/SH with suggestions re: stakeholder engagement.</p>	<p>BM/RS/SH</p> <p>RS/SH/CDs</p>
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	Action 22.02.03: Ravi to engage with the CDs and Board Chairs (especially representation from the WPB) re: volunteers.	
22/02/07c.	<p>Items for noting – Advancing Professional Practice (Paper: 22.02/NPB/07c) Chair: SPB, Led by: Chair, SPB</p> <p>The NPB members noted the following items and corresponding papers 22.02/NPB/07c (i – vi).</p> <p>con</p> <ul style="list-style-type: none"> i. Science & Research update ii. Covid Response Team update iii. Independent prescribing iv. Education update v. Policy vi. Sustainability 	
Professional Belonging		
22/02/08a.	<p>Workforce (Paper: 22.02/NPB/08a) Chair: EPB, Led by: Clare Morrison, Director for Scotland CM introduced the item and NPB highlighted that it is important to interlink the vision and the workforce as it is all linked to wellbeing. Breakout rooms:</p> <p>EPB key highlights</p> <ul style="list-style-type: none"> – Focus on delivering the key workforce Wellbeing asks focussed on preventing cause of poor wellbeing <ul style="list-style-type: none"> ○ Protected Learning time needs to be resourced/funded ○ Protected rest breaks need to be resourced/funded ○ Clinical supervision/support needs to be better established and fundamental part of improving culture and environment ○ Need for more support for training staff/skill mix/development opportunities to support pharmacists' day job. 	

	<ul style="list-style-type: none"> ○ Working with the GPhC on guidance on wellbeing and I&D would shift behaviours ○ Attracting pharmacists to the profession, retaining current workforce and preventing pharmacists leaving the profession. Helping improving working environments and wellbeing will hopefully make this better. <ul style="list-style-type: none"> – There needs more investment in the pharmacy workforce to achieve visions and to help advance professional practice. <ul style="list-style-type: none"> ○ Development opportunities that are properly funded and tariffed (e.g. backfill, support for supervision) ○ Development and training opportunities need to be accessible to all pharmacists ○ More done with NHS around clinical prioritisation to help manage workload – example of community, general practice and hospital pharmacy being asked to do more on top of everything else with limited capacity and team. – Needing to consider innovative and technology approaches to help support workload and use the best skills of pharmacists. – RPS 2022 wellbeing survey should go into more detail around why people are leaving different roles and the profession entirely. Need to gain more intelligence to shape our advocacy work going forward. Noted that this has been done and 4 key areas that have come up as part of the 2021 survey were: need for protected learning times, need for protected rest breaks, lack of work/life balance and lack of support staff. <p>SPB key highlights</p> <ul style="list-style-type: none"> – Workforce needs to be considered in conjunction with the I & D and wellbeing workstreams – Ensure protected learning time; work with governments and individuals to ‘normalise’ being on a career framework - ‘mindset change required’ – Ensure protected breaks; educate the public to understand that pharmacists need to take breaks: ‘safety is the bottom line’ – Promote the clinical services aspect: ‘combine with always being available but not’; encourage appointments. ‘Need to win hearts and minds of the public’ 	
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	<ul style="list-style-type: none"> – Need to analyse what is within the gift of a pharmacist and also, the barriers to be able to understand what is possible – Engage with key stakeholders to ascertain how and what RPS can influence; work collaboratively to make change. CM noted that engagement was taking place on an ongoing basis with key stakeholders, not least of which is the Directors of Pharmacy Group (DoPs) and the DoPs' sub-groups – Monitor vacancies – potential to run a survey; need to understand what pharmacists are 'having to do' rather than 'contracted to do' – Actions to improve capacity – – Better understanding within multi-disciplinary teams of what team members can do – Look at the root cause of workforce issues, lobby government for change – Need to consider the 'sacred cows'; what can be given up in order to embrace the new, e.g. IP and pharmacogenomics – Ask the workforce what they think can be done to improve working conditions <p>WPB key highlights</p> <ul style="list-style-type: none"> - RPS Wales is working with HEIW on urgent workforce issues and will be feeding in current issues and potential solutions based on the discussion at the board and ongoing dialogue with our wider membership - Consideration needs to be given across all sectors and the impact that shortages in workforce has on another sector - Wellbeing and pressure – time to work on some solutions not just calling for change but articulating what the change could be - Look at skill mix to include within the pharmacy team but also administrative support where needed, for example, those undertaking clinics in secondary care. - Discussion on the positive incentives within the new community contract for enhancing skill mix. - Job planning, system approach – bring consultants pharmacists together to help those understand what is expected of them through HEIW is very useful for our work 	
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	<ul style="list-style-type: none"> - Interprofessional team working, prudent healthcare and protected time need more discussion. Raise in minimum wage think more about our lower band keep them in pharmacy – Enable by changing contracts <p>Action 22.02.04: Country Directors will summarise next steps and circulate to boards.</p>	
22/02/08b.	<p>Items for noting – Professional Belonging (Papers: 22.02/NPB/08b (i) and (ii)) Chair: EPB, Led by: Chair, EPB</p> <p>The NPB members noted the following items and corresponding papers 22.02/NPB/08b (i and ii).</p> <ul style="list-style-type: none"> i. Inclusion & Diversity – project update ii. Workforce wellbeing 	
Professional Engagement		
22/02/09a	<p>2022 events programme and Annual Conference Chair, WPB Led by: Hanna Jenvey, Events & Sponsorship Manager/Beth Ward, Head of Education</p> <p>Looking back to 2021 - it was acknowledged that the pace was very fast and successful for RPS. 166 digital events were hosted with over 15,000 attendees. There were 682 CPCS events. One in five members attended events and the poll rates were high and positive for holding more. The figures also revealed there was good recruitment and retention correlation through digital events</p> <p>Looking forward to 2022 - HJ advised that RPS live events will continue across organisation along with the roll out of CPCS to over 800 students. Annual revision courses have been improved to include new clinical experts and mock exam writers.</p> <p>HJ advised that face to face events will return and NPB noted that a blog was being issued concerning the key dates and highlights of improvements. Hybrid events will go forward as a mix for the Annual Conference and the SR summit to give people choice – working with</p>	

	<p>suppliers who value same values as RPS in terms of sustainability and safety measures – covid etc</p> <p>Annual Conference is confirmed as Friday 11th November in London. BW is leading on content delivery and theme for the conference is the” Future of Pharmacy”</p> <p>A steering group will be established to agree the content. She advised the NPB that a written update will be made available to the board monthly. She also asked if the board could assist identifying sponsorship opportunities.</p> <p>NPB asked how they could be involved and suggested that drop-in sessions could be organised at lunch time and sharing pictures of board members and which board they are on.</p> <p>Action 22.02.05: HJ to share the sponsorship packages</p>	
22/02/09b	<p>Items for noting – Professional Engagement (Papers: 22.02/NPB/09b (i) and (ii))</p> <p>Chair: WPB Led by: Chair WPB</p> <p>The NPB members noted the following items and corresponding papers 22.02/NPB/09b (i and ii).</p> <ul style="list-style-type: none"> i. 2022 NPB elections ii. Public affairs 	
22/02/10	<p>Any other business</p> <p>Chair: WPB Led by: Chair WPB</p> <p>There was no other open business.</p>	

The meeting closed at: 11.45am

Action list

Item No	Action	By Whom	By when /Open/Closed
22.02.01 (03a)	Decs of interest: CW and YD to update decs of interest for their respective countries.	CW/YD	February/Closed
22.02.02	Pharmacogenomics: Board Members to email RS with suggestions re: stakeholder engagement. (Question 2).	BMs/RS/Sophie Harding (SH)	February/Closed
22.02.03	Pharmacogenomics: Ravi to engage with the CDs and Board Chairs (especially representation from the WPB) re: volunteers to join a pharmaco-genomics project group. (Question 4).	RS/Country Directors/Board Chairs/SH	February/Closed
22.02.04	Workforce: Country Directors will summarise next steps and circulate to boards.	Country Directors	<ul style="list-style-type: none"> • Feb/March/closed - Agreement to focus on protected learning time for the first half of the year. Draft policy produced and sent to Boards. • Political engagement on RPS workforce policies produced in December 2021 has taken place in all three countries.
22.02.05	Annual Conference: Share the sponsorship packages with Board Members.	HJ	February/Closed

National Pharmacy Board meeting – 28 June 2022

Title of item	Strengthening Pharmacy Governance
Author of paper	Laura Wilson
Position in organisation	Practice and Policy Lead, Scotland
Telephone	0207 572 2228
E-mail	laura.wilson@rpharms.com
Item to be led at the meeting by	Elen Jones
Headline summary of paper	The aim of this item is to discuss a joint statement on Strengthening Pharmacy Governance which has been drafted from the positions of all three country boards developed after discussion at their respective working days.
Purpose of item (decision / discussion)	For discussion and decision.
For consideration	Consider the draft joint paper produced and come to a decision as to whether to accept this as a GB RPS position statement on Strengthening Pharmacy Governance.
Risk implications	RPS, as the professional leadership body, must have a position statement on this issue.
Resource implications	RPS Staff time

Strengthening Pharmacy Governance

Questions for consideration:

- Does the position presented take into consideration and reflect the discussions which took place at the three individual Board working days?
- Have all the issues, points and concerns raised on those days been reflected in the joint paper?
- Has anything been omitted from the paper which would strengthen the RPS position?

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

- Agreement that this paper reflects the views of all three boards
- Agreement that this paper should be published as the RPS position statement on Strengthening Pharmacy Governance
- Agreement that nothing has been omitted from the paper that would strengthen its impact

Background:

RPS has previously been asked to lead the profession by coming to a position on the changes needed to bring 'supervision' of pharmacy premises into the 21st century. 'Supervision' is the term used in Regulation 220 of the Human Medicines Regulations 2012, which says that a person must not sell a medicinal product, not subject to general sale, unless that person is a pharmacist, or unless "the transaction is carried out on [the person's] behalf by another person, and that other person is, or acts under the supervision of, a pharmacist".

Current legislation has led to different interpretation as to what supervision means in practice. Historically this has been very conservative and widely understood to mean the pharmacist has to be on the premises. This can restrict public access to the sale of medicines and dispensed prescriptions when a pharmacist is not present even for short periods of time. A wider interpretation is that the pharmacist has to be "contactable" in order to intervene if required.

In March 2022, RPS held events to gather views and opinions from its members on whether or not they felt changes were necessary to supervision legislation and if so, what changes were needed. This allowed the production of a discussion paper

which included scenarios raised during the member events where supervision has an impact.

Later in March 2022, the English, Scottish and Welsh Boards met separately for a planned working day. At these meetings, each board undertook a discussion around Strengthening Pharmacy Governance facilitated by the discussion paper and scenarios. Each Board produced notes detailing their discussions, areas of agreement, issues, and concerns around the topic. These three sets of notes have been merged into one joint statement which is presented for discussion today. This paper converts the many themes which were common to all three discussions, as well as some points which were agreed by at least one of the Boards, into key principles.

Recommendations:

We recommend that Board members discuss the attached paper and come to an agreement on its use as a GB position statement on Strengthening Pharmacy Governance.

RPS Supervision Policy Position Statement

RPS believes that supervision legislation is needed to protect the public. We advocate for changes to the current legislation to enable progressive, safe and effective pharmacy services within a modern and advancing NHS. RPS supports the principle of moving components of legislation to regulation. Any changes should be supported by clear professional guidance.

The following eight principles should apply to any change:

1. Pharmacists should be **accessible, approachable, and available**.
2. **Supervision and delegation should be decided by the Responsible Pharmacist (RP)** supported by regulation to ensure appropriate pharmacy services can continue in their absence.
3. **Pharmacists must be enabled to expand their professional and clinical services** for better patient outcomes.
4. **Pharmacy technicians must be enabled to take increasing responsibility** for managing technical tasks such as routine dispensary processes.
5. **A pharmacist can only be the Responsible Pharmacist (RP) for one pharmacy at any one time.** It is essential to have professional oversight by a pharmacist in every community pharmacy.
6. **Digital opportunities should be harnessed** to enable pharmacists to undertake more professional roles from pharmacy premises.
7. **A shared understanding and interpretation of supervision legislation** is needed which should be supported by clear up to date professional guidance while maintaining a focus on patient safety and wellbeing.
8. **Any changes to legislation should lead to improved patient care**, not lead to an increase in risk to patient safety, and any changes in workload must be at an acceptable level for the profession.

Principle 1: Pharmacists should be accessible, approachable, and available.

Community pharmacists are the most accessible healthcare professional. This accessibility and approachability means that pharmacists can provide patients with medicines advice and support as and when they need it. This is something RPS believes should be protected.

Principle 2: Supervision and delegation should be decided by the Responsible Pharmacist (RP) supported by regulation to ensure appropriate pharmacy services can continue in their absence.

The current legislation allows pharmacists to be absent from the pharmacy for up to two hours. However, during this time, patient care is currently impacted in terms of the supply of medicines, and access to professional advice.

Changes required:

Legislation change is needed to enable medicines that have been clinically checked and dispensed to be given to a patient when the pharmacist is absent. This would require that a pharmacist has approved the medicines are suitable to be given to the patient with no planned further intervention from the pharmacist. "Given to the patient" includes handed out by trained pharmacy staff when the pharmacist is not present, delivered by a delivery driver, or put into a vending machine. In all three scenarios, arrangements must be in place to enable the patient to ask for a consultation with the pharmacist, using technology or in person, within a reasonable time.

There should be no change to the sale of Pharmacy (P) medicines as it is important that the pharmacist can intervene when these medicines are sold. This category is important to allow patients' access to certain medicines without the need for a prescription. Any change in the need for pharmacists to oversee P medicines sales and be able to intervene could affect future POM to P switches and have a detrimental effect on patients' ability to self-manage appropriate conditions. Supplies of P medicines via NHS services such as Pharmacy First and Common Ailment Services require a pharmacist to be present. These services have achieved equity of access for deprived populations and therefore a change to permitting the sale of P medicines without a pharmacist present would introduce a new inequity.

Principle 3: Pharmacists must be enabled to expand their professional and clinical services for better patient outcomes.

It is essential to future-proof the supervision arrangements to ensure community pharmacists can provide an expanding range of professional services for patients. This includes regular, planned, and ad hoc patient consultations in consultation rooms within the pharmacy premises and the provision of symptom assessment, advice and/or treatment. Therefore, patients need access to a pharmacist, and long periods of absence from a pharmacy are undesirable. This must be balanced against provision of the current services which may require an occasional home visit by a pharmacist to ensure a patient is fully involved in decisions about their medicines.

Change required:

Successful provision of all professional roles can be achieved through a combination of good skill mix in pharmacies and clear interpretation of the current supervision legislation. Pharmacists must have the confidence to delegate to pharmacy technicians and other staff according to their skill set and competences underpinned by clear frameworks for establishing competency in pharmacy staff. Appropriate staffing levels, competencies, and clearly defined processes which trigger appropriate referral to the pharmacist, when necessary, are key to delegation and freeing up time for clinical care achieved by appropriate workforce planning.

This would enable the pharmacist to leave the pharmacy premises for short periods, for example to undertake a home visit, while still being contactable if advice is required urgently using technology. If absences were short and infrequent, this would avoid reduced access to pharmacy services. Therefore, clearer interpretation of legislation around the pharmacist being able to intervene in a medicines supply situation is required.

Workforce planning is needed in each country to ensure continuity of workforce for pharmacists and pharmacy technicians and that staffing levels are of sufficient level to avoid reduction in pharmacy services or face to face access to a pharmacist when desired.

Principle 4: Pharmacy technicians must be enabled to take increasing responsibility for managing technical tasks such as routine dispensary processes.

The current supervision legislation pre-dates pharmacy technicians becoming registered professionals. RPS recognises the important roles of pharmacy technicians as registered professionals who are responsible and accountable and should be encouraged to work to the top of their competencies. Recognising and enabling the roles of pharmacy technicians to lead on the technical processes/services within the pharmacy and undertake accuracy checking, where appropriate, will support pharmacists to fully maximise the opportunities in the current legislation. Defined career pathways for pharmacy technicians would support with retention and recruitment into the profession.

Principle 5: A pharmacist can only be the Responsible Pharmacist (RP) for one pharmacy at any one time.

RPS is opposed to remote supervision and believes that patients require access to a pharmacist, in person if desired, and long periods of absence from the pharmacy are undesirable. Some pharmacies will require more than one pharmacist on site to safely deliver the range of clinical and public health services required by the NHS.

Principle 6: Digital opportunities should be harnessed to enable pharmacists to undertake more professional roles from pharmacy premises.

Digital systems need to be safe, efficient and fit for purpose to support clinical decision making. Better use of digital technology, such as remote and asynchronous consultations, can be used to provide patient access to pharmacists where the patient is unable to travel to the pharmacy. Digital developments should also be maximised so pharmacists can engage virtually with local multidisciplinary team meetings and multi-professional patient consultations without leaving the pharmacy premises. Advances in technology will mean robotics and artificial intelligence will improve clinical decision making; opportunities for near-patient pharmacogenomic testing and treatment monitoring will widen.

We do not support the use of digital technology to allow remote supervision: technology should be used to improve patient access to a pharmacist not to allow pharmacies access to a pharmacist.

Principle 7: A shared understanding and interpretation of supervision legislation is needed which should be supported by clear up to date professional guidance while maintaining a focus on patient safety and wellbeing.

It is important that NHS bodies, the General Pharmaceutical Council and pharmacy contractors apply supervision legislation in a consistent manner to ensure equity of access to pharmacy services for patients. Consistency in the interpretation of supervision legislation across all pharmacies would also enable pharmacists and pharmacy teams to work in the same way to provide a truly person-centred holistic care offering a full range of services in all locations. Pharmacists acting in good faith, putting their patients' needs first should feel supported to do so not hindered by the law.

Change required:

NHS bodies, the General Pharmaceutical Council and pharmacy contractors must agree a consistent interpretation of supervision legislation. Pharmacists must be educated on what supervision legislation means to ensure they can apply it in a way which allows them to provide a person-centred service enabled by quality systems, processes, and risk assessments. RPS will provide updated professional guidance, toolkits and supporting documents, supported by the GPhC, on how to interpret the guidance in practice to assist pharmacy teams.

Principle 8: Any changes to legislation should lead to improved patient care, not lead to an increase in risk to patient safety, and any changes in workload must be at an acceptable level for the profession.

The priority must remain to provide the most effective and safe care for patients. This means any changes cannot result in an increased patient safety risk

or a reduction in accessibility to a pharmacist when a patient needs it. With ever increasing clinical commitments in community pharmacy, employers must establish suitable working conditions and provide the right environment for pharmacists to be able to focus on their clinical roles and the right skill mix to allow pharmacy teams to manage the technical workload.

RPS believes pharmacists should embrace new ways of working to shape what pharmacy will look like in future: the opportunities within the existing supervision legislation should be used to their full potential, alongside the changes described above, to achieve this and ensure pharmacists and pharmacy teams maintain and deliver high standards of clinical and medicines governance.

National Pharmacy Board meeting – 28 June 2022

Title of item	Science, Research and Museum update to National Pharmacy Boards
Author of paper Position in organisation Telephone E-mail	Helena Rosado and Yen Truong, Senior Research Development Managers Helena.Rosado@rpharms.com ; Yen.Truong@rpharms.com , Catherine Walker, Museum Officer Catherine.Walker@rpharms.com
Headline summary of paper	The paper summarises activities of Science & Research Team and the Museum
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 – 28 June 2022

**SCIENCE, RESEARCH AND MUSEUM UPDATE TO NATIONAL PHARMACY
BOARDS**

Background

This paper outlines Science, Research and Museum activities undertaken since January 2022 to present.

1. Science and Research Team activities

New Chief Scientist, Professor Parastou Donyai was appointed on 17 May 2022. Professor Donyai's official start date is on 13 Jun 2022.

Science and Research Officer position vacant – team reduced to 1.2.FTE until a new Officer is recruited. QP programme responsibilities will be handed over to Support team by end of Jun 22.

1.1. Research support services

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:** 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 (launched 25 May 2022). Complete survey [here](#).
- **Mental health and wellbeing:** Developing lessons learnt report from 2021 survey. Supporting development of the 2022 Workforce Wellbeing survey - planned launch Sep 2022.
- **Pharmacogenomics:** Provided evidence and support for the development of policy launched 18 May 2022.
- **BPSA Annual Research Poster Competition** – Reviewed 2022 poster submissions and selected winners.

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 are also currently supporting the development of RPS student internships for 2022.

1.2. 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	All module content written. Module under review by different parties for final update by OCB Media.
6: Qualitative methods – Data collection and analysis	All module content written. Module under review by different parties for final update by OCB Media.
7: Practical considerations: Research governance, ethics and collaboration	All module content written. Module under review by different parties for final update by OCB Media.
8: Reporting, publishing, dissemination, and impact	All module content written and sent to OCB Media for development of the e-learning.
9: Applying for research funding and developing research proposals	Module content being developed by the research team with support from Module Lead.

1.3. Qualified Persons

QP Assessments

- Induction training organised and conducted for two new RPS QP Assessors.
- Pre-registration process for QP application formally implemented.
- Face-to-face QP assessments resumed. QP updates as below:

	No. of registrations	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2022*	1	8	4	3	1	266
2021	9	4	6	3	3	279
2020	-	6	7	5	2	310
2019	-	10	8	5	3	317

* 2022 figures are up to 31/05/2022

QP Programme

- QP Tripartite meeting with MHRA and VMD held on 8 Mar 2022.
- QP Officers meeting held on 31 Mar 2022

QP Symposium

QP Symposium 'The Everchanging World of the QP' successfully delivered on 11 May 2022, at BMA House, London. Over 145 delegates registered. Feedback has been positive.

1.4. Science and Research Committee and Expert Advisory Groups

- Science and Research Committee – Meeting held on 10 Feb 2022. Next meeting on 16 Jun 2022.
- Antimicrobial Expert Advisory Group – Meeting held on 4 Feb 2022. Next meeting on 17 Jun 2022.
- Industrial Pharmacy Advisory Group – Meeting held on 13 Apr 2022.

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

2. Museum activities

On the 16th May the Museum reopened for the first time since closing in March 2020 due to the COVID-19 pandemic. In addition to the public displays on the ground floor, the museum has also contributed to the reconfiguration of the new office space in 66 East Smithfield. Photographs of Museum objects, as well as some objects themselves, have been put on display in the newly themed meeting rooms.

The Museum is now able to trial guided tours, having recruited a Guided Tour Volunteer in April. We are already scheduled to join in Open House on Saturday 10th September, as well as a trail partnership with the Retired Pharmacists Group and Discover Medical London for a walking tour of London culminating in a visit to the Museum displays at 66 East Smithfield.

In addition to our new Guiding volunteer, the Museum has so far recruited five other volunteers. Three remote Oral History Transcribing Volunteers, as well as One Collections Audit Volunteer and One Object Digitisation Volunteer, who come into 66 East Smithfield on a regular basis. We also hope to welcome a number of placement students over the summer period.

2.1. Enquiries

Note: The Museum Enquiry service closed to non RPS-Members at the beginning of April 2014.

The museum team still respond to media enquiries and enquiries from RPS Members and other museums.

‘Pharmacy History’ Enquiries

Advice to Other Museums	4
Archived Documents (archive enquiries)	
Collections Enquiry	
Exhibitions / Flying Boxes	
External Publicity	1
History – Profession / Practice	9
History – Society	
Internal Publicity	
Merchandise	
Object Identification	1

Offering Donation	10
People & Premises (family history enquiries)	16
Photo Services	5
Professional enquiry	
Public access enquiry	5
Research Visit	2
Therapy / Props / Mat Med	
Unspecified	
TOTAL	53

2.2. Increasing Status and Influence of the RPS - Museum Activities

Publicity

- The Museum has contributed to 17 Museum Monday posts on social media, including supporting the RPS's Disability Awareness Campaign, and International Women's Day.
- The Museum Officer wrote a blog post for International Women's Day which was published on the main RPS website.
- The Museum opened to the public on the 16 May 2022

Collections

- The recruitment of two volunteers has enabled more collections work to be carried out.
- Our Collection Audit Volunteer has so far audited 430 objects stored at 66 East Smithfield.
- In February the Museum Officer visited the collection in Scotland and audited just under 300 objects.
- Reviewed the Museum's Documentation Policy

Website

- A selection of Oral History recordings from the Museum Collection have been edited and are waiting to be added to the Museum Website.

Volunteers

- Welcomed six new volunteers to the team
 - Chang Xu – Object Digitisation Volunteer
 - Kathryn McRae – Object Audit Volunteer
 - Jean Griffiths – Guided Tour Volunteer

- Lynda Grundy – Oral History Transcribing Volunteer (Remote)
 - Ruth Simmonds – Oral History Transcribing Volunteer (Remote)
 - Luke Whittle – Oral History Transcribing Volunteer (Remote)
- Organising 3 Placement Student Places to be carried out over the summer period

2.3. Partnerships

- Continued to work with the Retired Pharmacist Group on a project to collect Oral Histories relating to COVID-19.
- Worked with Discover Medical London and the Retired Pharmacist Group to develop a walking tour of London culminating in a guided tour of the museum displays at 66 East Smithfield.

2.4. People and Premises

Completed research orders in this period: 14 (enquiries are currently backlogged due to restrictions in accessing the register during the COVID-19 pandemic).

2.5. Tours

Self-Guided Tours: 1 (since the Museum Reopened on 16 May 2022).

National Pharmacy Board meeting – 28 June 2022

Title of item	Independent Prescribing workstream
Author of paper Position in organisation Telephone E-mail	Elen Jones Director, Wales Elen.Jones@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
 - Identify areas where we can advocate for the use of PIPs
- Ensure the expanding scope of practice guidance is embedded into practice.

Conclusion:

The 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	January – June 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 meeting – 28th June 2022

Title	Education and Professional Development Q1 2022 activities update to National Boards
Open, confidential or restricted	Open
Authors Position in organisation Telephone Email	Beth Ward, Head of Education Elizabeth.Ward@rpharms.com Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Head of Assessment and Credentialing Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report January till March 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

Work is underway across RPS teams to implement the 5-year education strategy through our annual business planning and objective setting process.

One of the cross-cutting themes that featured in our education strategy was our approach to research and evaluation relating to our education activity. As a result, a project is underway to enable us to produce a new Education Research and Evaluation Strategy.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met on March 3rd 2022. The committee debated the extent of accreditation of prior certified learning towards RPS post-registration credentials as well as approving the RPS core advanced curriculum for publication. They received an update on the Mentoring platform and discussed proposed future focus activities.

The Advanced Pharmacist Assessment Panel (APAP) met on March 8th 2022. The panel ratified the ten provision consultant credentialing results for release as well as the consultant post and Faculty outcomes for this reporting window. Paul Forsyth presented the findings and recommendations from the first review of the consultant pharmacist curriculum and credentialing process; the panel ratified the report and accepted all recommendations. The panel also endorsed the publication of the final RPS core advanced curriculum following consultation.

2b Early Careers Pharmacist Advisory Group

The Early Careers Pharmacist Advisory Group (ECPAG) welcomed two new members: Joseph Thomson, Foundation trainee pharmacist, Wales, and Erin Gilmour, a recently qualified clinical Pharmacist, Scotland. Both have brought a fresh perspective, particularly to the training and support requirements of Foundation and newly qualified pharmacists.

The ECPAG met in January 2022. The new RPS Connect platform was demonstrated and was well received. The group agreed to test the platform capabilities and functionality and to provide feedback on how user friendly it is. The group also discussed the RPS Core Advanced Curriculum consultation feedback, and shared views around how to overcome potential barriers raised and minimise these in practice, in particular, that clarity is provided around supervision. The group additionally received an update on the pharmacogenomics workstream and were keen to see how this would revolutionise pharmacy practice and patient care. They agreed training pharmacists to deliver this agenda (data storage, testing, application etc) would be key and the impact would be pivotal in minimising inequalities currently present in healthcare.

3. Initial Education and Training

3a. Students

The RPS will be delivering paid student internships in Summer 2022 for four third year pharmacy undergraduate students. The students will spend four weeks at the RPS working across several directorates and departments within PLB, learning about the work we do, our vision and mission. They will also have the opportunity to develop essential skills, working collaboratively to develop a roadmap for student support, which the RPS will use to shape our future student offer.

Recruitment plans have been developed and interviews will take place in early April.

3b. Foundation Trainee Pharmacists

Foundation training revision programme

We have worked closely with the Events and external revision team to improve the format and quality of sessions to ensure that there is greater coverage of the registration assessment framework and features activities that promote active learning. Delivery of the revision course commenced in March.

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

The delivery of clinical training sessions for Northern Ireland Centre for Professional Learning and Development (NICPLD) foundation training year programme 2021/2022 continues. We have delivered three sessions in Q1:

- a) immune system and malignant disease (February)
- b) respiratory, gastrointestinal system, genitourinary tract (March)
- c) paediatrics (March).

Feedback from trainees continues to be very positive.

Development of mock questions for a half and full mock are underway. These will be delivered within a new assessment platform, TestReach.

E-portfolio for Foundation Trainee Pharmacists in England

Phase 3 functions were released in January 2022. This included a new multisource feedback tool, functionality for users to delete records, and new reporting tools. We have also developed and launched progress review forms to align with GPhC requirements. The focus for the next phase of developments are a patient survey, improved access for educational programme directors, and functionality to allow trainees to have more than one portfolio. We are also working with HEE to explore enhancements and innovative tools to improve the learning and user experience for the 2022/23 cohort.

We continue to provide essential technical support for trainees, designated supervisors, and other users, and support HEE with the delivery of training webinars.

Guidance and support

We delivered a career session in February to showcase the range of pharmacy careers and provide advice on how to secure roles in various sectors. The event was attended by 125 delegates positive received: "*The webinar was very useful and enjoyable*". 100% of delegates would recommend the event to a colleague.

4. Postregistration Foundation

E-portfolio

Phase 2 of the RPS post-registration Foundation e-portfolio was completed and released in January 2022. This phase focused on the design and development of new tools to support training and professional development, such as a patient survey, multi-source feedback tool, and an interim progress review process. We delivered training webinars to NES and HEE to inform users of the new tools.

4a Post Registration Foundation curriculum

GPhC independent prescribing regulations

The GPhC consultation has now closed and they are undertaking a thematic analysis of the results. Broadly, the removal of the two year rule has been supported by respondents, with organisational respondents more in favour of the change than individual registrant respondents. It is our understanding that the GPhC are preparing to present the findings to GPhC Council in May.

Training programmes

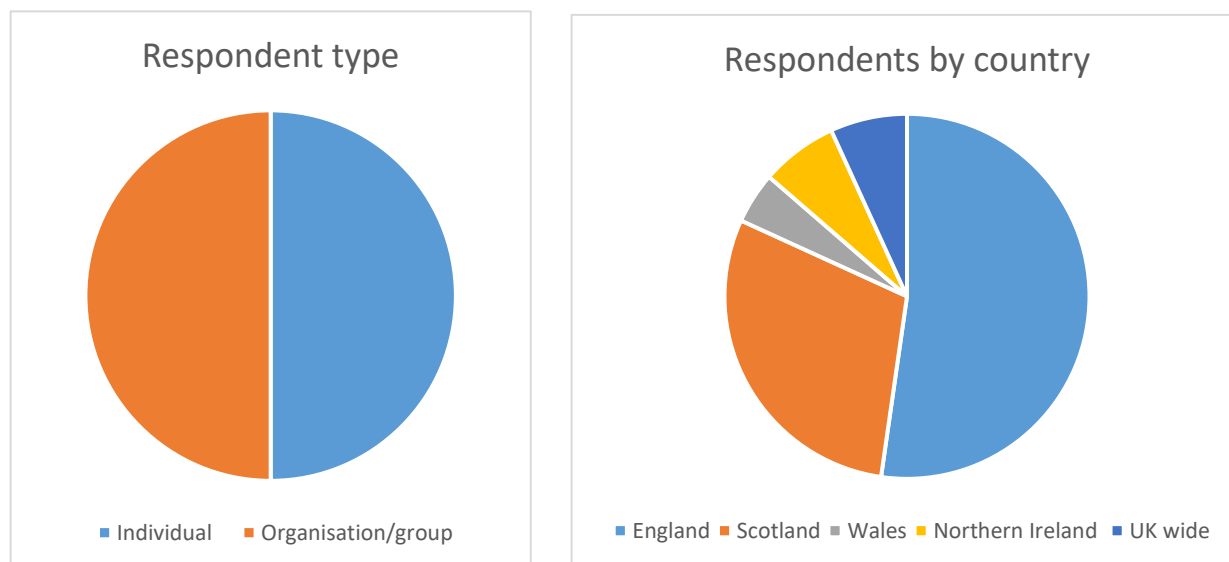
Updates on the training programmes of which we are aware are below:

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 52 starting in September 2022.
England	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. It is anticipated that the take up of this optional programme will be bolstered given the greater lead in time to plan and promote the pathway to next year's cohort.

5. Advanced and Consultant Practice

RPS Core Advanced

The RPS Core Advanced curriculum consultation closed in early January with **44** respondents:



There was general consensus from respondents that:

- the articulated standard of expectation for an advanced pharmacist was appropriate to meet the current and emerging needs of patients and the healthcare system.
- the outcomes-based approach was flexible and robust enough to provide the requisite level of assurance.
- there were some clear barriers and challenges to the successful realisation of this level of practice for pharmacists and the implementation of the curriculum and credentialing assessment in practice.

APAP and ESC endorsed the publication of the curriculum. An early release version of the full curriculum was shared with key educational stakeholders at the end of April. The curriculum and credentialing programme will be launched more widely to the profession by the end of June 2022, in parallel with the advertisement of the associated A&C roles charged with supporting the curriculum's implementation.

RPS Advanced Specialist credential development

Critical care in collaboration with UKCPA

- Final draft versions of the contractual partnership agreements have now been prepared and are undergoing review by each of the parties prior to signing. Once signed, the joint board will be constituted to approve the final curriculum and assessment programme.

Mental health in collaboration with CMHP

- An independent mapping exercise has been completed between the RPS Core Advanced curriculum and CMHP credentialing process. This allows the organisations to agree a clear APCL pathway for candidates to avoid assessment duplication between the different credentialing pathways.
- Once agreed by both CMHP and RPS governance bodies, we can then progress to formal agreement between parties regarding the sign off and delivery of the joint curriculum and credential.

Primary care commissioned by HEE

- A second meeting of the curriculum T&F group has taken place; it is becoming clear that this credential will likely comprise predominantly of describing the advanced clinical and procedural skills that need specially assuring for those pharmacists delivering services in primary care settings.
- We are currently now engaging with stakeholders to ensure we have an understanding of the services pharmacists in primary care settings will be delivering in the next five years across GB. Once these are clear, we can then move to undertaking a Delphi study to define the core clinical and procedural skills that need assuring to safely deliver these services.

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data:

	Post titles	Country	Initial outcome	Resubmission outcome	Final outcome
Oct-Dec	Consultant Pharmacist Oncology	England	Provisional	Approved	Approved

	Consultant Pharmacist Cardiology	England	Provisional	Approved	Approved
	Consultant Pharmacist Antimicrobial Stewardship	England	Provisional	Approved	Approved
	Consultant Pharmacist Antimicrobial Stewardship	England	Provisional	Approved	Approved
	Consultant Pharmacist Adult Nutrition Support and Intestinal Failure (NSIF)	England	Provisional	Approved	Approved
	Consultant Pharmacist, Antimicrobials	Northern Ireland	Provisional	TBC	TBC
	Consultant Pharmacist Palliative Care	Northern Ireland	Provisional	TBC	TBC

5b. Consultant Pharmacist Credentialing

Consultant pharmacist individual credentialing outcomes 2021

	Window	Country	Outcome	Ratified date
Jan-March	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	Scotland	Standard met	08/03/2022
	Application 4, 2022	England	Standard not met	08/03/2022
	Application 4, 2022	England	Standard not met - insufficient evidence	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	Scotland	Standard met	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022
	Application 4, 2022	England	Standard not met - insufficient evidence	08/03/2022
	Application 4, 2022	England	Standard met	08/03/2022

6. Education

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS, partnering with RCGP, was awarded a contract by Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) in England. Course delivery commenced in October 2020 and by the end of the contract on 31st March 2022, we had delivered courses to 8,422 learners. Overall, we received very positive feedback on the quality of programme content, facilitation and operational delivery, with a learner evaluation response rate of over 30%. Across the entire programme, 97% of learners stated they would recommend the programme to colleagues.

Feedback from learners includes:

- *This is one of the most effective online courses I have participated in. The breakout sessions were very well implemented and the course was enjoyable.*
- *I am more likely to attend other webinar training sessions after completing this one.*
- *I thought this entire course was excellent and I will certainly be recommending it to my fellow peers. The clinical facilitators instilled increased confidence in delivering this service. The SBAR tool and referral to Urgent care were particularly useful.*
- *This was an excellent balance of group discussion, sharing best practice and interaction. Great facilitators made it relevant and therefore particularly useful. would certainly recommend to other pharmacists.*

Feedback from facilitators includes:

- *I feel sad that the NHS CPCS project has come to a close. The facilitator role was rewarding with attendees showing enthusiasm and participation. The workshops were fantastic and support from RPS and RCGP and the collaboration worked very well. It was a privilege to be involved in the project and hopefully I will get the opportunity to work with you in the future.*
- *I thoroughly enjoyed the whole educational experience and to have been able to bring 40 years of GP practice to the project gave me great sense of satisfaction which I hope helped the delegates. I also learned much along the way*

Feedback from employers includes:

- *TESCO PHARMACY: "Firstly I just want to say huge thank you to you and your team, you have done an excellent job in organising the sessions and make them run smoothly. Pharmacists I have spoken to have said the quality of the training is really good and been delivered in such a way that reflects their daily practice. They have been able to relate the training with their interaction with patients. They will definitely applying their clinical and consultation skills better."*

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 will look at core clinical areas, providing skills to diagnose, intervene, and help patients directly.

Areas covered include:

- Eye care
- Dermatology
- Respiratory
- Paediatrics
- Women
- Clinical consultation and assessment skills refresher

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

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

In Q1 we recruited an expert Community Pharmacist Advisor, Clinical Educators and Clinical Facilitators, and commenced development of content for the first and second modules of learning.

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). We are currently in the process of writing the content for each module and are working with an external company to produce the online learning platform. Eight of nine modules are in development phase or awaiting final approval, and the final module is due to commence in the coming weeks as planned.

Transition Programmes

In Q1 we secured a contract with HEIW to develop a new e-portfolio for the GP Transition Programme in Wales. Development is to commence in Q2.

6b. Educational Events

Free for members

In Q1 we have delivered educational events in collaboration with a number of significant national organisations as part of our member benefit webinar series' within our RPS Live Content Streams: 'Clinical Updates and CPD' and 'Safer Use of Medicines'.

We have also secured agreements to continue our highly popular NICE and Joint Royal College Medication Safety Series in 2022.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
Jan	Community Consultations Support Series - Common Ear Conditions	124	100
Feb	Pharmacy management of long term conditions - mental health	291	98
Feb	Community Consultations Support Series – Common foot conditions	137	100
Mar	Community Consultations Support Series: Nose and throat	145	100

Annual Conference – Programme Development

In February, we established an Annual Conference Programme Development Short Life Working Group, to support the development of the annual conference programme. Due to availability of content development group members, the first Annual Conference planning meeting was delayed until April. As agreed at the February Boards meetings, an update will be provided by email following the meeting.

Pay to access (reduced fee for members)

In Q1, we partnered with the Royal College of Nursing to develop and deliver a half-day digital training small group learning workshop to support healthcare professionals who are new to, or considering taking on the role of Designated Prescribing Practitioner.

Our first event in January was sold out (70 registrations) within weeks of advertising, with learners attending from across GB, across professions and across sectors.

The event was highly successful with 100% of learners recommending the session to a colleague, and 100% of learners stating it met the intended learning outcomes.

Due to the high demand, we delivered a second event in March 2022, with 61 attendees, and again 100% of learners recommending the session to a colleague, and 100% of learners stating it met the intended learning outcomes.

We will continue to scope what support can be provided to DPPs as part of our work with the cross directorate prescribing workstream.

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 Q1, we undertook a review of the 2021 programme, with a view to using learning to support further development and improvement of the programme.

Between January and December 2021, we delivered **166 RPS Live events which were attended by approximately 14,200 delegates (these numbers do not include CPCS event delivery)**.

At the end of each live session, delegates are polled, and overall, 97% would recommend our webinars to a colleague.

In February we developed a survey to gain member feedback from our expert advisory groups, panels and committees, to determine how we could improve our programme for members working in those respective specific areas of practice. Questions related to the relevance and appropriateness of content themes offered, appropriateness of scheduling times, format of sessions.

In March, we invited the Chairs of these groups to a focus group to explore common themes identified through the survey.

Key insights gained include:

Theme	Recommendation
Science and Technology Content Stream	We need to be clear about the subject matter in this workstream and consider how to make it relevant to practice. It is recognised that once a new Chief Scientist is in post, they will be able to lead on this with the support of SRC and SRT. A 'tagline' for content streams could help to show relevance e.g. 'Using S&T to improve patient care'
Lunchtime vs evening webinars	Variety of time of day is important - look to schedule some shorter (less than 1 hour) lunchtime webinars, or even shorter bite sized 'essential learning' (5-10min) slots in the future for those who would like to attend live during the day. Look at how you promote that RPS Live webinars are recorded and available on demand on the RPS website for members to choose the best time for them to access.
Reintroducing Face to Face events	Focus on key events such as the Science and Research Summit and Annual Conference, as these are relevant across wide audiences, and provide good opportunities for networking. For smaller events, topics should span across content streams: Consider topics that span across different streams and look to broadcast across multiple channels to engage more interest. These topics might also be the best to consider for adding networking opportunities. Cross-stream topics might also be the best to consider for face-to-face events in the future. Encourage speakers to reference key themes such as medicines safety and sustainability, in any topic they are presenting on.
Small group learning vs plenary style	Small group learning is clearly superior to plenary style, however at this time, avoid small group learning unless commissioned. With the current climate of covid, it is still too risky. In future, consider deposits.

Alternative formats to webinars	Consider YouTube videos, TED talks, supporting infographics, small group learning, e-learning, and podcasts
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Additionally, we proposed the concept of developing a process which would enable all members to submit educational content requests which was well received.

This will be further developed in Q2, with a view to piloting in 2022.

Additionally, we will continue to develop our process of programme review to ensure we are gaining insights from across the breadth of the profession.

Learning Management System

In Q1 we completed a procurement exercise to acquire a new learning management system to 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.

Contract award and implementation is due to take place in Q2.

7. Mentoring

To date we have 1703 registered users on our mentoring platform. 1373 mentees (1129 are active), 520 mentors (428 are active). 1909 mentoring requests have been made (664 are in progress, 356 already completed).

Platform developments

An improved declaration of suitability process has been implemented for mentors. This process enables mentors to identify their development areas in mentoring skills and behaviours. This will also provide valuable data for the RPS about training mentor training needs which will inform the guidance and resources we produce and deliver.

Engagement and communications

We delivered two presentations to students at the University of Nottingham about our mentoring service to highlight the benefits and value of the programme. These were well received and we have seen an uptake of users since, specifically registered mentees at University of Nottingham.

We have delivered regular mentoring comms to our members both via email and social media in the first quarter of 2022. Recent mentoring posts saw on average 16,000 impressions (compared to the typical 2000 impressions generally seen). We will continue to promote mentoring through the use of social media, blogs and direct member emails.

Mentoring advisory group

The Mentoring advisory group met in February 2022 to sign off proposals for the improved declaration of suitability process, and to review and discuss the purpose of the platform mentoring survey. A survey working group has been established to redesign and improve the existing survey and also provide recommendations on an approach to service evaluations.

National Pharmacy Board meeting – 28 June 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 February 2022 to June 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 and implementing pharmacy visions across all three countries
- We developed and published the RPS policy on [Workforce: Improving capacity and culture](#)
- We have developed and published our [campaign asks around Pharmacist Independent Prescribing](#)
- We have developed and published our policy on [Long Covid](#)
- In England we developed [RPS recommendations for Integrated Care Systems](#)
- In Scotland, we took part in two Scottish Government events aimed at reducing drug deaths to promote the pharmacy profession and the recommendations within our policy. We held a Sharing and Celebrating Best Practice event centred on our new [Pharmacy 2030](#) vision on 29th May at Strathclyde University to showcase some of the great work being done across Scotland
- In Wales we promoted our workforce statement recommendations at a 'drop in session' at the Welsh Parliament, leading to a parliamentary debate around the need of the pharmacy profession.
- We spoke at Clinical Pharmacy Congress to promote our [sustainability policies](#) alongside the Guild of Healthcare Pharmacists
- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- The RPS is currently developing a policy to highlight the role of pharmacy in tackling health inequalities
- We are leading the review and update of the [vision for pharmacy in Wales: delivering a Healthier Wales](#) with a number of focus groups held virtually and in person all over Wales over recent weeks.
- We are developing a [Vision for Pharmacy Practice in England](#)
- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland through professional and political engagement
- We are continuing to promote our [sustainability policies](#) and ongoing work in this area and collaborate with other stakeholders and professional bodies. We are launching our Climate Change Charter in partnership with Pharmacy declares in June to get pharmacy teams thinking about the small changes they can make which will make a big difference
- We will continue to develop policies on areas of significance and relevance to pharmacists
- We are developing a policy on Protected Learning Time

Consultations

During the period 1st January 2022 to 7th June 2022 we have responded to 32 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

- [Health and social care strategy for older people: consultation](#) | Scottish Government
- [Proposed disability commissioner \(Scotland\) Bill](#) | Scottish Government
- [Health and social care - data strategy: consultation](#) | Scottish Government
- [Drug Death prevention \(Scotland\) Bill](#) | Scottish Government
- [Call for evidence for new 10-year plan to improve mental health](#) | UK Government (England)
- [The future strategy for batch testing of medicinal products in GB](#) | UK Government

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		1 st January 2022 – 7 th June 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: 1st January 2022 – 7th June 2022:

NHS Scotland climate emergency and sustainability strategy 2022-2026 | Scottish Government

- We asked for a focus on embracing new ways of working and new technologies where they have been shown to have a positive effect on carbon emissions.
- We asked for action to launch a hard-hitting public awareness campaign to highlight the issues with medicines waste and its impact on the environment, including antimicrobial resistance and appropriate medicines disposal
- We promoted a One Health Approach to tackle the issue of pollution due to medicines waste.

Alternative pathways into primary care | Scottish Government

- Our response highlighted the work that is done by pharmacists and pharmacy teams providing services such as NHS Pharmacy First, Pharmacotherapy service, and public health and how these could be enhanced with appropriate referral pathways
- We asked for better public awareness of the developing roles of pharmacists in all sectors

Chronic pain strategy - draft framework consultation | Scottish Government

- We again called for access to notes to allow all pharmacists to support those suffering from chronic pain and to ensure appropriate prescribing can take place.
- We also called on a review of how patients access resources to help them manage their pain including non-pharmacological treatments and how pharmacists can refer into these.
- We called on all pain services to have access to a specialist pain pharmacist.

Future Pandemic Personal Protective Equipment (PPE) Supplies in Scotland | Scottish Government

- Agreed with the majority of the consultation and planning suggestions but also called for it to be essential that pharmacists and pharmacy teams in the community have access to stockpiles from the beginning.

Inquiry into Health inequalities | SG Health, Social care and sport committee

- We highlighted how work done already by pharmacists goes some way to addressing health inequalities by improving access to pharmaceutical care.

- We mentioned the open access of services such as NHS Pharmacy First Scotland removes the burden of cost and ensures equity of access to all.
- Investment and development of these services would allow further reduction in health inequalities and improve access to care.

UK COVID-19 Inquiry | UK Government

- We called on the inquiry to recognise the additional responsibilities and service that pharmacy teams took on during the pandemic and asked that this be recognised individually.
- There is no mention of health and care staff wellbeing and impact on mental health or burnout which have been inevitable but important to understand this to support resilience in future pandemics.

NHS 24 Strategic Planning Survey | Scotland

- We highlighted areas that we feel work well within NHS 24 such as the telephone triage models, and the use of pharmacist's skills.
- We noted where we thought improvements could be made such as easier access for referral into NHS24 from community pharmacy and better use of pharmacist IP's.
- We stated what we felt an excellent service would look like including video triage, seamless communication, and adequate staff with the correct skill mix.

Consultation on Aquiette (oxybutynin hydrochloride) POM to P | MHRA

- We did not support this and expressed a number of concerns about making this freely available.
- We provided evidence to support our concerns and explained how we felt this move could put patients at risk of harm.

Cancer strategy: draft vision, aims and priority areas | Scottish Government

- We highlighted the important roles pharmacists in all sectors play in the care of patients undergoing treatment for cancer.
- We highlighted the role of specialists in this area and how community teams work together to ensure access to medication out of hours.
- We called for access to records to improve this joined up care and better communication to ensure patients only have to tell their story once.

Vitamin D: Call for evidence | English Government

- Pharmacists have a significant role to play in raising awareness of the importance of vitamin D with patients and members of the public and supporting them to take it.

- We mentioned the role of pharmacists in promoting awareness of the need to take vitamin D, their role in identifying people at risk, how they can support national campaigns and messaging as well as the need for education and training

Hub and Spoke Dispensing | UK Government

- We agree that the impediment in medicines legislation that prevents the operation of hub and spoke dispensing models across different legal entities should be removed
- There should be national guidance as to what should be included in the arrangements between a hub and spoke
- We are concerned about patient safety in the second model proposed (spoke to hub to patient). If this model is to be adopted, then there need to be triggers within the process that mean a patient is required to interact with a pharmacist about their medicine(s)
- In all models, patients need to continue to have access to a pharmacist at the time of supply of medicines to be able to discuss their medicines with a pharmacist including having the opportunity to ask questions or raise concerns and to access appropriate information with counselling and advice from a pharmacist via a route that is appropriate for them

Hospital discharge and its impact on patient flow | Welsh Government

Vaccination uptake in the general population | NICE

- We are aware that pharmacists, especially those working in primary care (GP practice, Community and Care Homes) could be better utilised to identify and provide vaccinations in the general population. We would welcome more inclusion of the pharmacy profession within this guideline.
- A coordinated approach is extremely important which means a move away from competition between different service providers and having a "place-based" approach to vaccination.

Tobacco control strategy for Wales and delivery plan consultation | Welsh Government

- Through our membership of the Welsh Government's Tobacco Control Strategic Board, RPS was involved in the development of the plan.
- The response endorsed the plan and emphasised pharmacy's role in smoking cessation.

GPhC consultation on remote hearings | GPhC

- We agree that hearings should continue to be held remotely when it is fair and practical for everyone involved in a hearing. However, it is important

that the impact of remote hearings is evaluated as there may well be outcomes that none of us had foreseen.

- Remote hearings have the potential to improve the timeliness of hearings and registrants are also more likely to attend.

Consultation on revoking vaccination as a condition of deployment across all health and social care | NHS England

- We recommended that vaccination as a condition of employment should be revoked and signposted to our position statement on this
- If the condition to be vaccinated were to continue then this could result in a two-tier workforce and the risk of parts of the workforce being excluded from particular activities. The overall negative impact on the workforce, were vaccinations to continue to be a condition of deployment, could be significant.

Call for signatories – supervised overdose prevention centres | FPHC

- We co-signed a letter to pilot Overdose Prevention centres

Mental Health Inequalities | Welsh Government Health and Social care committee

&

Developing a strategic mental health workforce plan for health and social care | HEIW

- Both responses re-iterated calls made in our existing mental health policy positions and emphasised that the skills of pharmacists across all sectors should be better utilised in mental health services.

Amendments to the poisons act 1972 consultation | Home Office

- We welcome the fact that DNP could be added to the poisons list and we have been calling for this since 2019. But this does not go far enough, and we believe that DNP should be completely banned and not supplied under any circumstances.
- Should a complete ban not be possible, then legislation should be drafted and implemented that prohibits the compounding of DNP

Self-harm draft guideline – assessment, management and preventing recurrence | NICE

- More work is needed to improve two-way communication between prescribers and community pharmacy so that pharmacists and their teams can support individuals

- There are no formal clinical supervision pathways in place for community pharmacy. A framework/model of how this might be achieved would be useful.

Proposals for legislative change for clinical trials | MHRA

- Generally, we agreed with the proposed changes within the consultation document and we provided reasons as to why
- We suggested areas for further consideration

Disability workforce reporting consultation | HM Government

- We provided information on how the RPS collects data around disability within the workforce
- We provided views on how we think disability data should be collected across the profession

Home affairs committee inquiry into illegal drug use in the UK | HM Government

- In our response we highlighted the valuable role pharmacy have in the success of any drug strategy, particularly when discussing treatment
- Pharmacists, and pharmacy teams, already play a significant role in supporting and providing treatment to people who use drugs, as well as offering harm reduction services and advice, such as injecting equipment provision and naloxone.

Fuller Stocktake | NHS England

- Pharmacists should be leading on the medicine's optimisation agenda within ICSs, bringing together all those who influence and impact on medicines optimisation along the patient pathway, including patients themselves
- We provided views around the role of pharmacists and pharmacy teams on Workforce and leadership, Physical Access, Non-Physical Access, Governance, Data, population health management, demand / capacity, risk stratification and health inequalities and Communities and engagement

Healthcare regulation: deciding when statutory regulation is appropriate | DHSC

- It is important that the regulation of professionals is assessed in a consistent manner, and we believe that criteria covering both qualitative and quantitative risk of harm to patients and the public is the best way to do this
- Regulation should be introduced if it will bring about consistency in services which will reduce the risk of patients coming to harm.

10-year cancer plan: call for evidence | DHSC (England)

- The pharmacy workforce has a lot to offer in terms of supporting the ambitions and delivery of the 10-year cancer plan
- There needs to be more acceptance of the role community pharmacists can play in supporting people with cancer from policy makers, commissioners and other healthcare professionals alike.
- We highlighted the role of pharmacists in all sectors in terms of early diagnosis, Living well with and beyond cancer, palliative care and use of innovation and technology

Health and social care integration: joining up care for people, places and populations | DHSC (England)

- Having a common set of outcomes promotes collaborative working between providers and negates the need to compete or duplicate service provision.
- The Integrated Pharmacy and Medicines Optimisation (IPMO) programme, led by a Chief Pharmacist at ICS Board level, provides an opportunity to support appropriate medicines use across a system
- Pharmacy teams in community and general practices are well placed to help address health inequalities given they are well established in the community and have a good understanding of the needs and challenges facing local populations
- It is essential that all professions are included in local leadership and have the opportunity to influence and contribute to the development and delivery of local services.

GPhC Equality Standards Guidance | GPhC

- From the titles for each of the principles it is not clear which apply to pharmacy staff as employees, as there is a lot of focus on patients and members of the public.
- The document does not fully consider the role and impact of pharmacy owners on their staff, particularly when considering the working environment and accessibility of the pharmacy environment.
- Currently the guidance has a larger focus on being more inclusive for patients and members of the public, however staff play a big role in delivering high standards of patient care. If they do not work in an environment where they feel they belong, and their needs are not considered this will affect patient care.

National Pharmacy Board meeting – 28 June 2022

Title of item	Sustainability & Climate Action
Author of paper	Elen Jones
Position in organisation	Director for Wales
Telephone	020 7572 2340
E-mail	Elen.Jones@rpharms.com
Headline summary of paper	Summary of activity since the last National Pharmacy 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.

SUSTAINABILITY & CLIMATE ACTION WORKSTREAM

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

- In collaboration with Pharmacy Declares, we published a 'Climate Change Charter' for pharmacy. It contains 5 simple commitments that each member of the pharmacy team can commit to take forward in order to make their practice more sustainable. The Charter was endorsed by a number of organisations including APTUK, the Guild of Healthcare Pharmacists & the UK Clinical Pharmacy Association.
- Together with the Academy of Medical Royal Colleges and Faculties in Scotland, RPS Scotland hosted a roundtable of healthcare leaders from 'prescribing professions' to discuss how everyone can work together to make prescribing more environmentally sustainable.
- We attended a session with NHS England to discuss the NHS Long Term Plan and the interlinks with greener NHS and net zero ambitions.
- Laura Wilson (Policy and Practice Lead for RPS in Scotland) gave a presentation on our sustainability policy at the Clinical Pharmacy Congress 2022.
- We have contributed to the development of a Greener Primary Care Wales Framework and Award Scheme and Elen Jones (Director for Wales) spoke about its relevance to pharmacy at the launch.
- We've worked to advance potential research work into the levels of pharmaceuticals in rivers in Wales through discussions with the Future Generations Commissioner, Natural Resources Wales, Welsh Water and the Welsh Antimicrobial Pharmacists' Group.
- In Wales, RPS have joined the newly formed NHS Confederation working group on Sustainability.
- Met with One Health Practitioner, a representative from UK Government's Veterinary Medicines Directorate and academics from Bristol and Aberystwyth Veterinary Schools to discuss a potential research project on re-use of medicines in animals.
- We've continued to attend meetings and support initiatives of the UK Health Alliance on Climate Change including setting the organisations mission & vision

and priorities for the alliance in the coming years, work on communicating climate justice in healthcare and sharing best practice.

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 and climate action	Overall RAG
Reporting period		January – June 2022	
Risks / issues/			
Project deliverables		Progress summary	Next Steps:
1.	Climate charter developed and launched in partnership with pharmacy declares	Completed with endorsement by many organisations	To keep the momentum and share examples of what sustainability actions people are committing too.
2.	Stakeholder activity across the three nations to make our recommendations in the policy a reality	Ongoing	A number of relationships have developed with other organisations as reflected upon in the paper, we will continue with this work
3.	Actively engage with partners through the UKHACC	ongoing	Meetings have been very useful to gain knowledge and partnership working. We will continue to actively engage

Advice requested from Board:	If you haven't already done so, please sign up to our climate change charter and encourage your networks.		
			On plan

OPEN BUSINESS

National Pharmacy Board meeting – 28 June 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 hub page (June 2022)
- PGx podcast (June 2022)
- Continued stakeholder networking throughout Q1&Q2
- Continued RPS representation on various external high-level national genomics meetings

Next steps

- Deliver a pharmacogenomics awareness and engagement webinar series
- Explore further potential opportunities to raise awareness of pharmacogenomics across the profession e.g. further webinars/events

- Explore further opportunities to collaborate with other stakeholder organisations/to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics
- Launch a pharmacogenomics professional network via RPS Connect.

Conclusion:

The programme is progressing well, and actions planned for Jan to June within project plan were achieved meeting set programme objectives.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Sophie Harding	Overall RAG
Reporting period		Quarter 2 (April to June)	
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 modify as programme develops by increasing content
3.	Pharmacogenomic podcast	Produced and due for release June 2022	Further podcasts/live streams to be developed in 2022.
4.	Pharmacogenomics awareness and engagement webinar series development	Outline plan developed with aim for first webinar in Summer 2022	Identify speakers and further content development. Aim for conclusion at annual conference.

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

National Pharmacy Board meeting – 28 June 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 Q1 & Q2 2022 activity and upcoming activity for Q3&4 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. Action in Belonging, Culture and Diversity (ABCD) Group

An inclusive, intersectional action group open to all that work in pharmacy and pharmaceutical scientists, both members and non-members of RPS across Great Britain. The aim of the ABCD group is to work collaboratively with individuals and existing networks across the pharmacy profession to enable networking and to support the delivery of the RPS Inclusion and Diversity strategy, capturing individual group needs and ensuring intersectionality.

We have received support from existing well-established networks, such as UK Black Pharmacist Association (UKBPA), BPSA, APTUK, Women in Pharmacy Group, Pharmacy Technicians of Colour and the Female Pharmacy Leaders Network. It is a group where individuals will come together to help us shape ideas, to create and build networks across the profession and help deliver a number of actions: <https://www.rpharms.com/recognition/inclusion-and-diversity/abcd>

To date 554 members across the profession have joined, demographic data of the group:

- 81% pharmacists, 3.5% pre-registration students, 6% pharmacy students, 1.9% pharmacy techs, 0.4% pharmacy support staff, 0.8% pharmaceutical scientist and 3.2% other
- Predominantly from hospital (27%), community (20%) and academic (15%) areas of practice
- 72% women and 27% men 2.9% preferred to not say
- 11% have stated they have a disability; 4% preferred not to say

- 60% are from a Black, Asian and Minority Ethnic community
- 9% are from the LGBTQIA+ community; 14% preferred not to say

We have held 13 meetings to date since the launch of the group in 2020. On average we have 20-30 people attend each meeting.

Several actions have been undertaken and are under progress with volunteers from the ABCD group, including:

- a. Development of a series of [microaggression references](#) to support members of the profession to identify what microaggressions are and the implications of such actions and what to do if you have been a victim or witnessed such behaviour. We have developed the following references to date:
 1. [Disability Related Microaggression Reference](#) accompanied by a [workshop](#).
 2. [Race Related Microaggressions Reference](#)
 3. [Gender Related Microaggression Reference](#)
 4. [LGBTQIA+ Related Microaggressions Reference](#)
 5. [Age Related Microaggressions Reference](#)

We continue to work with our ABCD reference groups who share their experiences of working in pharmacy and inform us on how we can shape our resources, events and celebrations for particular groups. These include the:

- **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and have helped to shape our [disability awareness campaign](#) which we focused on from January to March.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexual orientation and the importance of inclusive language and not making assumptions. The group also helped to shape Pride and LGBTQIA+ History Month celebrations.
 - **Women in Pharmacy Design Group:** volunteers have helped to design the Achieving Gender Equality for Women event held in November and the gender microaggressions reference.
- b. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. We have produced 64 Inclusion and Diversity blogs so far; examples include individuals sharing their experiences of having a [visible and non-visible disability](#), the [importance of flexible working within the profession](#) and [the role of men as allies](#).
 - c. The group have provided feedback to help shape the delivery of our Inclusion & Diversity strategy outcome impact evaluation; to establish what good looks like,

how we can measure the positive impact of the RPS Inclusion & Diversity workstream on the profession and areas of improvement.

- d. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

2. RPS Inclusion and Wellbeing Pledge

The [RPS Inclusion and Wellbeing Pledge](#) launched in June 2021 has been created with members of our profession, we engaged with 81 individuals through focus groups for RPS members and non-members and we engaged with more than 20 organisations across the profession.

So far, the RPS Inclusion & Wellbeing Pledge has been signed by a total of 1176 members of the profession. 1096 members have made individual pledges, 21 team pledges and 60 organisational pledges including unions, employees, the NHS, regulators & pharmacy schools. With organisational pledges these result in a large number of individuals being positively impacted by the RPS Inclusion & Wellbeing Pledge.

We have received positive engagement with the pledge across our social media channels, 315 individuals shared the pledge tweet from the button on our website.

We are working on producing resources and guidance and running events that underpin the RPS Inclusion and Wellbeing Pledge and showcase good practice to create fair and transparent processes and support visibility, representation, and progression across groups. We have recently launched the [Pledge Actions Resource](#) which supports pledgees to put their pledge into action.

3. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment process to be undertaken on membership products and external policies:

EQIAs have been conducted on the following RPS products:

- RPS Consultant Pharmacist Credentialing Process.
- [RPS Post-registration Foundation Pharmacist curriculum](#)
- RPS Live Content Digital Delivery
- RPS core advanced curriculum

EQIA reports on RPS products are shared in the public domain once the product has been launched.

We have also facilitated EQIA workshops with Health Education England for the foundation trainee National Recruitment Scheme (ORIEL) and the Work Psychology Group on the foundation trainee Professional Attributes Framework.

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

We have 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.

We are engaging with student groups; Black Pharmacist Collective, Black Pharmacist Initiative and African & Caribbean Preregistration Pharmacy Network (ACPN) to scope a RPS hosting a Black Pharmacist Network to support diversifying School of Pharmacy faculties.

We are also ensuring we are showcasing and supporting the sharing of good practices of decolonising the pharmacy curriculum and embedding inclusion and diversity.

We worked with BPSA and Black Pharmacist Collective to deliver the Student Voice at the Health Education England and PhSC EDI summit.

5. RPS Fellow Panel and Membership Committee

The RPS Fellowship nomination forms are currently being reviewed to ensure they are inclusive, and with the RPS panel of fellows we are considering ways to ensure we are attracting diverse nominations from across the profession.

We are also working with the Chair to ensure we are embedding Inclusion and Diversity throughout the process. We are routinely collecting EDI data for our panel of fellows and newly appointed RPS fellows.

All RPS Fellow panel members, National Board Members and Expert Advisory Group chair will be expected to attend unconscious bias training and asked to join our ABCD group.

6. Regular, network-led events supporting belonging

The topics we have covered at our regular ABCD meetings have included:

- Celebrating LGBTQIA+ History month – considering the importance of LGBT+ staff networks and hearing from different experiences
- [Women's Health in the Workplace: Menopause and Mental Health](#)

We have also held additional webinars to raise awareness on the following topics:

- Celebrating International Women's Day in collaboration with [Female Pharmacy Leaders Network; the heroes of breaking the bias.](#)
- Disability Awareness Campaign:
<https://www.rpharms.com/resources/webinars/disability-awareness-campaign>

7. Professional Collaboration

LGBT Foundation

We have worked with the LGBT Foundation to work on a Pride in Practice resource: [Pride in Pharmacy](#) for community pharmacies to support LGBT+ people with accessing pharmacies as well as pharmacists working with LGBT+ people.

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 others work.

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
- Providing content for IPP newsletter

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.

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 is being drafted for the 2022 trainees.

8. Consultation Responses

Over the last two quarters we have submitted responses to two consultations directly related to inclusion and diversity

- a. [Disability Workforce Reporting Consultation](#) – We're calling for mandatory reporting of workforce disability data to create more inclusive practices in the workplace.
- b. [GPhC Equality Guidance for Pharmacy Owners](#) – we have provided feedback on the Equality Guidance and how it can be strengthened to support the pharmacy workforce.

9. Disability Awareness Campaign

Disability was highlighted as one of the biggest barriers to career progression in pharmacy through our profession wide survey in 2019. We launched a Disability Awareness Campaign from January to March 2022 to challenge barriers to working in pharmacy and celebrate success stories. The campaign has been shaped by the RPS Ability – volunteers from our ABCD group with visible and non-visible disabilities.

We have started a profession-wide conversation to raise awareness on visible and non-visible disability in pharmacy. The campaign will also include a specific focus on mental health and long-term conditions.

Working with the RPS Ability reference group we have established the following advocacy points our campaign will focus on:

- Reduce barriers to entry to the profession
- Call for more accessible working environments

- Encourage employers to collect data on disability in the workplace

To start the campaign we asked for a review of the Higher Education Occupational Practitioners (HEOPS) standards of medical fitness to train for pharmacy students.

We have met with the GPhC to discuss the next steps to updating the HEOP guidance. We have contacted the Pharmacy Schools Council and are awaiting a response from them to meet with ourselves and the GPhC to take this further.

To launch the campaign we held an [online event](#) to hear from disability experts and individuals of the RPS ability group of why we need to raise awareness of disability in pharmacy. We have shared different experiences of individuals working in pharmacy; 10 pharmacy professionals have shared their experiences of challenges and how they have navigated these to have successful careers through blogs. We also shared the experience of two pharmacist through a social media live [discussion](#).

We held a Disability Roundtable with key stakeholders across the profession ranging from employers, regulators and trade unions to discuss how we can improve access to flexible working as a reasonable adjustment across the profession. A report will be published in July 2022.

We are also hosting a Scottish Disability roundtable in September 2022 with members of the Scottish Parliament.

10. Inclusion and Diversity Outcomes Impact Evaluation

We have been working on building on our process evaluation to establish a robust outcomes evaluation programme of the RPS Inclusion and Diversity workstream to measure the positive outcomes of the I&D strategy on the profession.

We will be embedding measures and key performance indicators to continually measure the impact of our 2022 activities to ensure we are collecting data on impact of our operational delivery throughout the year. This includes developing an Inclusion and Diversity reporting dashboard.

11. Advocacy Asks

Our first year of strategy delivery has been focussed on raising awareness of inclusion and diversity within pharmacy and building confidence. Our second year of the strategy we will be continuing to raise awareness and celebrate drumbeat events as they create a sense of belonging across the profession.

We want to bring change and lead the charge for the profession; therefore, we will be 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.

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

We are working with key stakeholders including the ABCD group to ensure they reflect what the profession needs.

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

We have launched our annual anonymous survey to collect EDI data from our members for six weeks from June to July 6th 2022. We will be using the data internally to provide us with more information on the demographics of our membership.

The survey results will be reported to Assembly in November and will be shared with the profession.

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

13. Drumbeat Events and Celebrations

The most recent celebrations have been:

a. LGBTQIA History Month

We launched our LGBTQIA related microaggression guide working with stakeholders across the profession including the PDA LGBT+ Network and the RPS LGBTQIA+ reference group.

We dedicated our February ABCD meeting to celebrating LGBTQIA+ history month through showcasing visible leaders in the profession from the LGBTQIA+ community, particularly from an intersectional point of view to highlight the experience of members of the South Asian LGBTQIA+ community.

b. International Women's Day

To celebrate International Women's Day, we collaborated with The Female Pharmacy Leaders Network to celebrate breaking the bias in pharmacy. We also had a number of blogs showcasing women in pharmacy working with a long term condition or disability to highlight the intersectionality with the disability awareness campaign.

We also dedicated our March ABCD meeting to discussing the impact of menopause on mental health to raise awareness of women's health in the workplace.

c. Transgender Day of Visibility

Lauren Keatley – Hayes a senior clinical pharmacist and vice president of PDA LGBT network has written a [blog](#) for us on LGBTQIA+ visibility and removing barriers.

14. Positive Engagement and Impact

We have seen an increase in engagement and diversity in applying for expert advisory group and national board positions at the RPS.

Following our celebrations of drumbeat events, launch of resources and references and the live events and workshops, we continue to receive good engagement and feedback. Individuals have been sharing their feedback on an increased sense of belonging to the RPS as it has been positive to see an increase in diversity of visibility and representation. We have also seen an international audience engage and attend our events for Black History Month and South Asian Heritage Month.

Blogs on lived experiences receive particularly high engagement across all platforms. The I&D blog pages have consistently high page views, in November 2021 five out of the top 10 most viewed blogs on the RPS site were I&D blogs.

Our microaggression related series has the highest engagement on our I&D pages. Additionally, the Race related microaggressions reference infographics have been used by Canada School of Public Service who have developed a workshop "Advancing the Conversation on Systemic Racism and Racial Discrimination" and the International Institute of Restorative Practices Graduate School is writing a workbook for on how to help people learn how to talk about race in a way that is

educational and proactive to address some of the current racial issues we are all facing.

15. Upcoming activity

In addition to the activity in the highlight report below the following activities are also underway:

a. PRIDE

We have invited RPS members to work with us in London Pride on 2nd July; we have 20 members walking with us. We also be asking members to share their attendance at Pride celebrations across GB.

b. Annual RPS Conference

Working internally with different teams to plan the RPS annual conference; ensuring the sessions and speakers are diverse as well as ensuring inclusion and diversity is a key theme throughout the conference.

c. South Asian Heritage Month

Working with inclusion and diversity networks and organisations across the profession to establish a programme of activity for South Asian Heritage Month.

The table demonstrates the key deliverables across 2022 for the Inclusion and Diversity programme.

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Share Disability Roundtable Report and next steps				
LGBTQIA+ Microaggressions Related Reference				
Launch of EDI Membership Survey and collating responses				
LGBTQIA History Month				
Working with partners, working groups and our I&D networks to develop guidelines to improve hiring panels				
Age related microaggression reference				
Launch RPS I&D Advocacy Asks				
Continuing to explore options of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas				
Develop and launch a year long campaign to support parents and carers in pharmacy this will also include publishing and promoting family friendly policies for all employees				
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports				
ABCD Meetings and ongoing engagement				
Ongoing review of I&D in RPS Fellows				

Throughout the year: advocating and lobbying on behalf of the profession on issues raised on Race, Gender, Disability and LGBTQIA+

Ongoing:

- Continue to work with key stakeholders and pharmacy organisations to embed the RPS Inclusion and Wellbeing Pledge and to share best practice across the profession through
- Working with partners, stakeholder and networks to hold regular, network-led events supporting belonging
- To conduct Equality Impact Assessments on membership products and external policies.
- Continually review RPS Fellowship and National Boards Elections processes and collect EDI data.
- Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Amandeep Doll	Overall RAG
Reporting period	Quarter 2 April-July	

OPEN BUSINESS

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	Pride Month	On track	To attend Pride in London on 2 nd July
3	Inclusion and Diversity Outcomes Impact Evaluation	Working with Insight and Analytics Manager to produce an I&D activity dashboard.	To work with Science and Research Team to establish key performance indicators
4	RPS Member EDI Data Collection	On track – survey is live	Closing date is 6 th July for the science and research team to analyse
5	Age Related Microaggressions	On track	To be drafted and sent for second review and design.
6	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.
7	Scoping good practice for Fairer hiring recruitment processes		

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

National Pharmacy Board meeting – 28 June 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 January 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 two meetings with the group in 2022 and two more planned. Over 180 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 two sessions so far in 2022 and plan to run two 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
- Developing the WWB survey for 2022 working closely with Science and Research team
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running two more learning events with them in 2022
- 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		January – June 2022	
Risks / issues/		<p>Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice</p> <p>Working with key stakeholders to bring about long-lasting change</p>	
Project deliverables		Progress summary	Next Steps:
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	We will follow the steps from previous years to develop a relevant survey

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

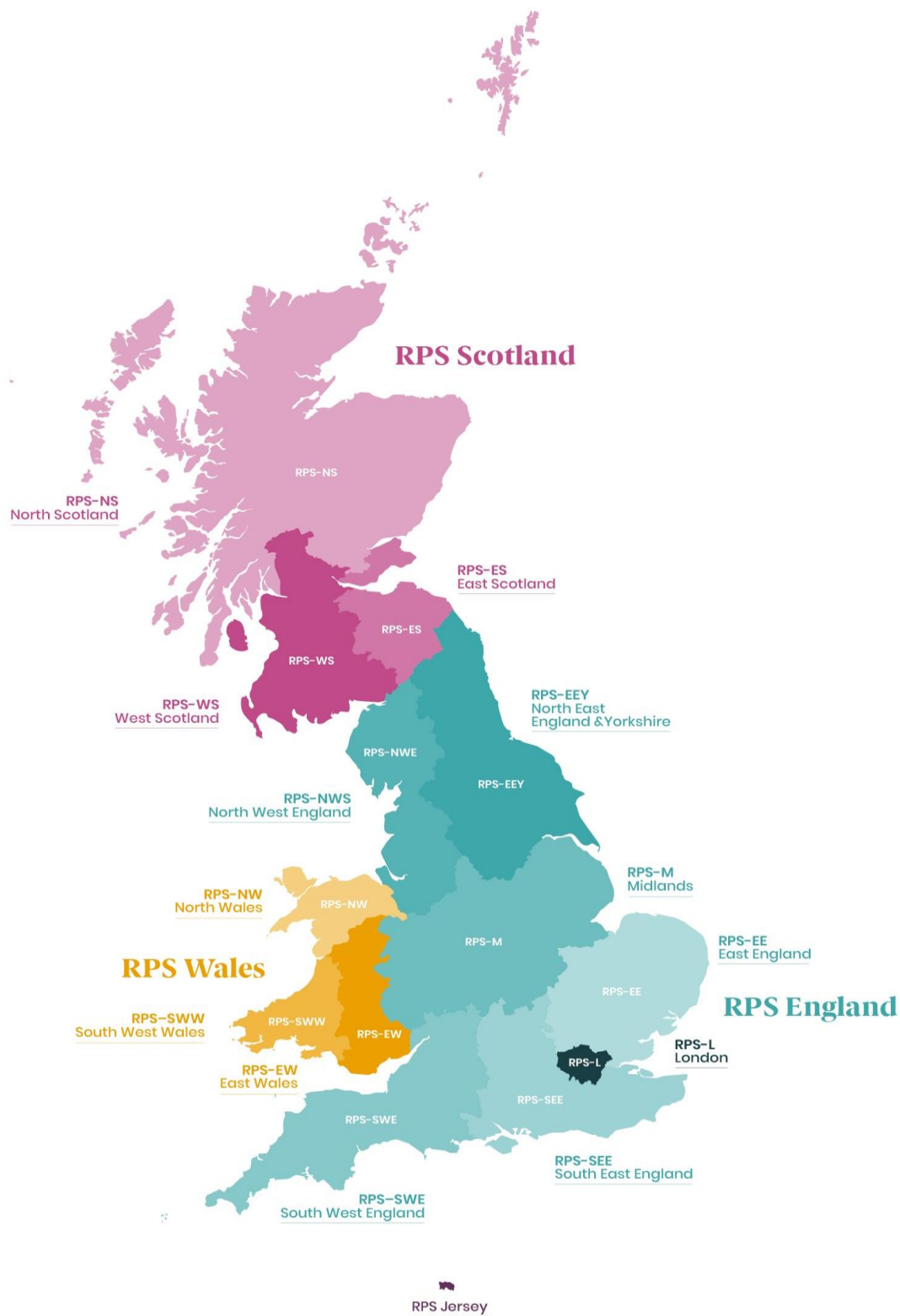
National Pharmacy Board meeting – 28 June 2022

Title of item	RPS Regions
Author of paper	Rachael Black/Clare Morrison
Position in organisation	Pharmacy Engagement Manager/Director for Scotland
Telephone	0207 572 2341/020 7572 2220
E-mail	rachael.taylor@rpharms.com clare.morrison@rpharms.com
Headline summary of paper	RPS Regions have been launched in order to provide local engagement for members.
Purpose of item	To update on the relaunch of the RPS Local Engagement Programme.
Risk implications	Membership engagement
Resource implications	RPS staff time, venue hire for regional events

RPS Regions

In May, the new RPS Regions were launched. The aim for RPS Regions is for every RPS member across GB to have access to vibrant local networking opportunities, with a clear focus on local engagement for all RPS members. Each of the RPS Regions will enable pharmacists at all stages of careers and from all sectors to network. RPS Regions will bring RPS policies, services, and products to life within a local area with an annual face to face event and regular digital events.

RPS Regions are a development and renewal of the previous RPS Locals: the total number of Locals has been reduced with each covering a larger geographical area (as decided at the last Board meeting). There are now RPS Regions 14 areas in total, this has increased since the last Board meeting to accommodate one extra Region in England, RPS Jersey (see map overleaf for further details).



Purpose of RPS Regions

1. To enable pharmacists at all stages of career and from all sectors to network within a geographically specific networking, both face to face and digitally.
2. To provide an annual event for RPS members at a local level.
3. To share best practice, celebrate success and provide professional support locally.
4. To bring RPS policies, services and products to life within a local area.
5. To provide feedback to RPS on its policies, services and products to enable RPS to adapt and change to meet members' needs.

Summary of activity /achievements to date

- RPS Regions definitions, processes and staffing structure developed.
- Rachael Black has been appointed Pharmacy Engagement Manager as of 8th March 2022, after interview.
- After sign-off from the People Team and Legal team, the recruitment process for Regional Ambassadors has started. Applicants have been asked to complete an online application form and submit their CV. The application form will be downloadable from the RPS website and can be submitted electronically. Redacted applications will be initially scored independently by the Pharmacy Engagement Manager and a minimum of 2 senior RPS staff after the closing date of June 26th 2022. Shortlisted applicants will then be interviewed virtually by a panel comprising of the Pharmacy Engagement Manager and RPS senior staff. The process will follow our People Team policy and procedures for recruiting into voluntary roles.
- RPS Regions web page has been developed: <https://www.rpharms.com/rps-pharmacy-communities/regions> This will be further developed with country specific pages added, once the Regional Ambassadors are in place.
- GB RPS Regions map created to give a clearer picture to our members of the structure for them to understand which Region they belong to.
- Two RPS Regional events have been held so far as an introduction to the new Regions set up:
 - **One Pharmacy workforce: Insight, Intervention and Integration:** hosted by RPS North East England & Yorkshire on May 22nd. A packed programme of excellent local speakers gave an insight into how Integrated Care Systems (ICS) are key to the pharmacy workforce working as one by delivering optimum patient care through intervention, integration, and good communication across the profession in everyday practice. This was attended by over 40 members and although it was partially organised before the new Regional structures had been

decided, the turn out was good and the feedback from attendees has been nothing but positive.

- **Pharmacy 2030 – Celebrating best practice:** the first RPS Regional event for Scotland, May 29th. It brought all three Scottish Regions together to celebrate the innovative pharmacy practice that is happening right now across Scotland. Over 90 people attended to network and gain new ideas and inspiration from an agenda focused on positivity, sharing and development. Feedback from this event has also been nothing but positive and the event got a lot of traction across social media both on the day and for the following days all of which praised the Scottish team for their efforts.

Next steps

- Interview and recruit Regional Ambassadors.
- Interview and recruit support officer to assist the Pharmacy Engagement Manager.
- Pharmacy Engagement Manager to build a profile of each Region, such as how many members per sector in each Region.
- Create a Regional Ambassadors network group and set up regular meetings to discuss events and projects. Ideas from these meetings to be fed into RPS Live programme.
- Schedule dates for Regional events.
- As soon as RPS Connect is launched, work with the RPS Connect Manager to support each RPS Region to use RPS Connect for digital networking.

Conclusion

RPS Regions will continue to develop as the Ambassadors are recruited. The Pharmacy Engagement manager will work with the Ambassadors to create tailored and specific events with content relevant to the RPS members, and wider pharmacy team members, within their Region. These events will support relevant RPS workstreams and objectives, whilst showcasing everything the RPS has to offer as an organisation, from products to support services.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		RPS Regions	Overall RAG
Reporting period		January – June 2022	
Risks / issues/		Risk around membership engagement in local networking after a period in which activity was paused due to Covid	
Project deliverables		Progress summary	Next Steps:
1.	Develop structure for RPS Regions	Completed	
2.	Recruit Pharmacy Engagement Manager to lead RPS Regions	Completed	
3	Recruit RPS Regional Ambassadors for each Regions	In progress	Complete recruitment process
4	Provide RPS Regional activity: engagement and events	In progress	To continue as the Ambassadors are recruited

Advice requested from Board:	Support for RPS Regional Ambassador recruitment and engagement with them as they begin their new roles
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 28 June 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

- The RPS has ongoing discussions with NHS, government, royal colleges and wider stakeholders across GB on issues such as women's health, changes to health and care services, inclusion and wellbeing, sustainability, workforce and pharmacy education.

Activity in England

- The RPS continues to have discussions with NHS and other stakeholders on NHS reforms in England. The **Health and Care Bill** has been passed in Parliament. 42 Integrated Care Systems will be established across England on a statutory basis on 1 July 2022.
- We engaged with the team leading the **Fuller Stocktake** and invited members to help inform our consultation response. The report was published in May and highlighted the role of pharmacists to support patient care. It also noted potential for changes to primary care commissioning.
- RPS England gave oral evidence to the **Health and Social Care Committee** inquiry on workforce in May, highlighting key issues to MPs including:
 - The risk of burnout and the need to help boost staff retention.
 - Staff wellbeing, including a zero tolerance of abuse from the public.
 - The importance of professional development and protected learning time to enhance patient care and support rewarding careers.
 - The potential of new pharmacist independent prescribers and the need for investment in the current workforce.
 - The need for better workforce data and a pharmacy workforce strategy.
- We have been engaging with a number of **Department of Health and Social Care** policy initiatives, including meetings on the HRT Taskforce, vitamin D, mental health and access to medicines.
- We continue to support the work of the **All-Party Pharmacy Group** in Westminster, in discussion with co-sponsors. A session on workforce was held in April.
- We continue to support the work of the **Prescription Charges Coalition** in England. We have previously expressed concern at the Government's plan to raise the qualifying age for free prescriptions to 66. The Government is yet to announce a decision. It said in May that charges would not be increased this year. We continue to call for prescription charges to be scrapped altogether.

- The Government reversed its policy for **mandatory COVID-19 vaccinations** for staff in CQC-regulated activities in England.

Activity in Wales

- RPS Wales has been engaging with Members of the Senedd/Welsh Parliament about the **workforce pressures** impacting on the pharmacy profession.
- A parliamentary event was hosted by RPS at the Senedd on 9 March, sponsored by the Chair of the Health and Social Care Committee, Russel George MS. At the event concerns were outlined about the **wellbeing of the profession** as highlighted by the results of the annual RPS Workforce Wellbeing Survey and recommendations for action were put forward.
- RPS continued to support Members of the Senedd in a **plenary debate** in the Senedd 30 March dedicated to support for the pharmacy profession in Wales. The debate, instigated by the RPS wellbeing parliamentary event, recognised the vital work pharmacists have undertaken throughout the pandemic, as well as their crucial role in supporting primary and secondary care and raised concerns about the results from the 2021 RPS Workforce Wellbeing Survey, which shows that nine out of 10 respondents were at high risk of burnout and one in three had considered leaving the profession altogether. A motion, including ensure a call for dedicated protected learning time within working hours for wellbeing and study was presented and received unanimous cross-party support across the Senedd. The debate can be viewed at: <http://www.senedd.tv/Meeting/Archive/ad4e7a2c-35cb-4a9e-882f-8ef517b2ebc6?autostart=True>
- A meeting was held with the **Welsh Health Minister, Eluned Morgan MS** on 6 April. This meeting, supported by the Chief Pharmaceutical Officer for Wales, provided an opportunity to outline the work RPS was supporting to develop 2025 goals for the pharmacy vision in Wales, to discuss workforce and wellbeing across the profession and the interaction between pharmacists and other health professionals, and to highlight work being undertaken by RPS on sustainability. The Minister was very supportive of the work of the pharmacy profession and called for a greater focus on developing the skill mix and encouraging recruitment in Wales via the Train, Work, Live campaign.
- 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. This programme of engagement and advocacy is critical in helping politicians understand more about the key issues facing the pharmacy team in Wales.

- Attendance at the **spring party political conferences** of Welsh Labour, the Welsh Conservative Party, and Plaid Cymru allowed for ongoing engagement between RPS Wales and key Members of the Senedd in March and April. Conversations with the First Minister, Health Minister, Chair of the Health and Social Care Committee, and Health spokespeople for each party provided further opportunities to build working relationships and to promote key calls to action for pharmacists in Wales. A big thank you to Welsh Pharmacy Board Member, Richard Evans, for representing the RPS at these events.
- 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.
- RPS Wales has continued to input into work with the Welsh NHS Confederation's Health and Wellbeing Alliance calling on the Welsh Government to develop a cross-departmental review **into health inequalities**. We have supported a document, endorsed by over 40 royal colleges and third sector organisations, making recommendations to the Welsh Government on tackling health inequalities and on 24 February submitted evidence to the Health and Social Care Committee inquiry into mental health inequalities.

Activity in Scotland

- **On 2 March, RPS Scotland met with MSPs on the Health, Social Care and Sport Committee at Scottish Parliament** for an informal evidence session to raise awareness of Pharmacy 2030.
- **On 7 March, Clare Morrison and Sharon Pflieger met with Gillian Mackay MSP** to discuss RPS' sustainability policy.
- **On 15 March, Clare Morrison provided oral evidence to the Health, Social Care and Sport Committee at Scottish Parliament** as part of their

inquiry into Alternative Pathways to Primary Care. Watch the full evidence session here: <https://www.scottishparliament.tv/meeting/health-social-care-and-sport-committee-march-15-2022>

- **On 23 March, RPS Scotland held a celebratory event at 44 Melville Street** where twenty-five pharmacists were given formal recognition for their distinction in pharmacy and services to the pharmacy profession.
- **On 30 March, RPS Scotland met with the Minister for Public Health, Women's Health and Sport** to discuss Pharmacy 2030 and the enablers needed to make the vision a reality.
- **On 31 March RPS Scotland co-hosted a roundtable on sustainable prescribing** with the Academy of Medical Royal Colleges and Faculties in Scotland, which was attended by a wide range of healthcare professionals with a prescribing role.
- **On 11 May, Clare Morrison met with Dr Sandesh Gulhane MSP, who is also a GP, Shadow Health Minister and Member of Health, Social Care and Sport Committee**, to discuss introducing a single shared electronic patient record, which is a key enabler for Pharmacy 2030.
- **On 29 May, RPS Scotland hosted a celebrating best practice in person event in Glasgow** which was attended by pharmacists from across Scotland. 19 examples of best practice were shared, and Professor Alison Strath, Chief Pharmaceutical Officer for Scotland provided the keynote address, and a panel session took place about pharmacy organisations working together to achieve change with speakers from RPS, General Pharmaceutical Council, NHS Education for Scotland, Community Pharmacy Scotland and the NHS Directors of Scotland.
- **On 8 June, RPS Scotland hosted a Parliamentary Event, 'Pharmacy 2030: A vision for the future of pharmacy'**. The event was sponsored by the Chair of the Health, Social Care and Sport Committee, Gillian Martin MSP. Maree Todd MSP, Minister for Public Health, Women's Health and Sport, provided a speech. It was attended by the Chief Pharmaceutical Officer Alison Strath, National Clinical Director Jason Leitch, politicians and guests from across pharmacy and health care in Scotland.

OPEN BUSINESS

- **On 15 June, RPS Scotland met Brian Whittle MSP** to discuss health inequalities and digital improvements including the need for a single shared electronic patient record.
- Regular contact has been maintained with the **Scottish Government** via the Chief Pharmaceutical Officer and her team.

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 – 28 June 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
Director Lead	Elen Jones
Headline summary of paper	Launch of a 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	Contractual obligations with MC
Resource implications	Marie Curie UK are funding a contract with RPS to support the development work and publish the standards and supporting materials.

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.

The RPS are establishing a professional standard steering group to drive forward this work. The group will consist of community pharmacy experts, experts within the field of palliative and end-of-life care, lay members and healthcare professionals who interact with community pharmacy. There will also be an opportunity for interested individuals to help shape our work through a wider reference group.

Summary of activity /achievements to date

- Contractual arrangements between MC and RPS agreed
- Literature review progressing
- Key stakeholders and steering group members identified (both multi-professional)
- Initial meetings with core team and Marie Curie (project lead identified), National RCGP and Palliative care specialists held
- Joint communications plan agreed and [Press release issued](#) (8th June 2022)
- Initial presentation to CPEAG (6th June 2022)

Next steps


- Evidence-based literature review to be completed
- First Steering group meeting to be held by the end of June 2022
- Supporting and enabling materials to be identified (and developed as necessary)
- First draft of standards and commitments to be prepared

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.

Name of theme lead(s)		Daffodi standards		Overall RAG
Reporting period		January – June 2022		
Risks / issues/		Marie Curie UK are funding a contract with RPS to support the development work and publish the standards and supporting materials. We will be working to meet all agreed steps in the contract, on time and to a high quality.		
Project deliverables		Progress summary	Next Steps:	
1.	Develop project plan, agreed by MC	Completed	To maintain and add to the plan as necessary.	
2.	Contractual arrangements between MC and RPS signed off	complete	To keep checking in on our obligations.	
3.	Stakeholders for steering group identified and invites sent out	complete	Working towards the content for the introductory meeting.	
4.	Literature review	In progress	To be completed by end of July.	
5.	Communications plan agreed and joint logo created	In progress The first steps completed, launch of the partnership work and logo created.	The comms plan will run alongside the whole project with meetings to plan for key comms points.	

Advice requested from Board:	For noting
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	on plan
