

# ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board meeting 8 February 2024

## OPEN BUSINESS

This meeting will be held at Bangor University, Bangor, LL57 2TR in the Council Chambers.

### OPEN BUSINESS BUSINESS AGENDA 8 FEBRUARY 2024 AT 9.15AM

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1. (9.15am)	Welcome	For noting	No paper/Verbal address	Welcome and introductions	Geraldine Mccaffrey
	Apologies	For noting	No paper/Verbal address	To note apologies	Geraldine Mccaffrey
2.	Declarations of Interests and Board Member' Functions and Duties	For noting	24.02.WPB.02(a) 24.02.WPB.02 (b)	To note (a) declarations of interest for Board members (b) Board members' functions and duties	Geraldine Mccaffrey
3.	Minutes and matters arising	For decision	24.02.NPB.03	To approve the minutes of the National Pharmacy Board meeting held on 9 November 2023 and to discuss matters arising from these minutes	Geraldine Mccaffrey

4.	National Pharmacy Board Elections Wales	For noting	24.02.WPB.04	To note number of places in the National Pharmacy Board elections for Wales	Elen Jones
5. (9.30)	UKPPLAB	For Noting	Verbal	To provide and update on any progress from the UKPPLAB	Claire Anderson
6. (9.40)	Emergency Hormonal Contraception (20 mins)	For discussion	24.02.NPB.06	Policy discussion on the impact if EHC was to switch from P to GSL. To gather the views of the board on this topic in anticipation of future consultations in this area	Alwyn Fortune
7. (10.00)	Supervision (pertaining to the consultation) (60 mins)	For discussion	24.02.NPB.07	Discussion on the response to the consultation and agreement on RPS response. <a href="https://www.gov.uk/government/consultations/pharmacy-supervision">https://www.gov.uk/government/consultations/pharmacy-supervision</a>	Elen Jones / Alwyn Fortune
<b>11.00am Comfort Break – 10 min</b>					
8. (11:10)	Progress on the 2024 GB workplan and Vision for Pharmacy in Wales (60 mins)	For noting and discussion		Update on the Vision . GB Workplan Priorities <ul style="list-style-type: none"> <li>- AI</li> <li>- Digital</li> <li>- Medicine Shortages</li> <li>- Workforce Wellbeing</li> </ul>	Elen Jones/ Alwyn Fortune
9. (12: 10)	Political Update (30 mins)	For discussion		Update on the PA plan for 2024 and discussion	Iwan Hughes

10. (12.40)	Health Inequalities – Language Barriers in Pharmacy (20 mins)	For decision	24.02.NPB.10	Options Review			Wing Tang												
11. (13.00)	Regional engagement update (20min)	Verbal update and discussion		To update the board on Q1 activity and ongoing plans for engagement across Wales.			Laura Humphrey												
12. 13.20	Papers for noting	For noting	24.02.WPB 11	Papers <ul style="list-style-type: none"><li>i. Science &amp; Research update</li><li>ii. Education Update</li><li>iii. Implementing Country Visions</li><li>iv. Strengthening Pharmacy Governance</li><li>v. Professional Issues</li><li>vi. Workforce</li></ul>			Geraldine Mccaffrey												
13.	Any other business	For noting/discussion	Verbal	Pharmacy Board Members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before a the meeting of any matter that is to be raised under Any other Business			Geraldine Mccaffrey												
13	Dates of next meeting	For noting		<table><tr><td><b>England</b></td><td><b>Scotland</b></td><td><b>Wales</b></td></tr><tr><td>18 and 19 June</td><td>18 and 19 June</td><td>18 and 19 June</td></tr><tr><td>17 September</td><td>18 September</td><td>19 September</td></tr><tr><td colspan="3"><b>Joint meeting for England/Scotland/Wales in London</b></td></tr></table>			<b>England</b>	<b>Scotland</b>	<b>Wales</b>	18 and 19 June	18 and 19 June	18 and 19 June	17 September	18 September	19 September	<b>Joint meeting for England/Scotland/Wales in London</b>			
<b>England</b>	<b>Scotland</b>	<b>Wales</b>																	
18 and 19 June	18 and 19 June	18 and 19 June																	
17 September	18 September	19 September																	
<b>Joint meeting for England/Scotland/Wales in London</b>																			

				<div>day before RPS conference 7 November</div>		
RPS observers requested to leave face to face / Zoom meeting						
13:30pm Lunch Break – 1 hour						

**February 2024**

**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
- . Vice Chair of Welsh Pharmacy Board

**Richard Evans**

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

Chair of Llangelor Community Council

**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.

### **Eleri Schiavone**

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

### **Geraldine McCaffrey**

- Principal Pharmacist Betsi Cadwaladr University Health Board
- Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.  
Member, National Pharmacogenomics Group Wales
- Member – Unite the Union/Guild of Healthcare  
Pharmacists.
- Vice Chair – Pharmacy Research Wales  
. Vice Chair – Welsh Pharmacy Board

### **Helen Davies**

Current Substantive post:

- Principal Pharmacist for Primary Care; Medicines Optimisation. Cwm Taf Morgannwg University Health Board from March 2018.

Directly employed at Forest View Medical Centre, Treorchy for 1 day a week as a GP practice Pharmacist

From March 2018 to February 2021

- HEIW teaching sessions – cardiology
- HEIW teaching sessions – primary care

### Sessions from 2011 onwards

- Honoraria from BMS to be an expert speaker for anticoagulation teaching sessions and attendance at a masterclass 2018
- Swansea Bay UHB bank staff – NHS 111 evening sessions 2017
- Pfizer sponsorship to attend anticoagulant and cardiology conference 2018 and 2015
- Boehringer to assist a consultant cardiologist with an anticoagulant clinic 2015
- Expert review of materials for WCPPE 2014
- Cardiology teaching sessions for WCPPE in 2014
- Member of the Guild of Healthcare Pharmacists
- Member of the UKCPA
- Member of the PCPA

### **Gareth Hughes**

•GRH Pharma Ltd

•Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)

•Board Member of Community Pharmacy Wales

•Member of Welsh Pharmaceutical Committee

- Member of the Faculty of Clinical Informatics
- Community Pharmacy Cluster Lead for Rhondda
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of the Pharmacists' Defence Association

### **Rhian Lloyd – Evans**

. Medication Safety Officer – Aneurin Bevan University Health Board

. Members of All Wales Medication Safety Network

. United Kingdom Clinical Pharmacy Association (UKCPA)

### **Lowri Puw**

Fferyllwyr Llyn Cyf

Betsi Cadwaladr University Health Board

Bangor University

Occasional media work for the BBC/itv/s4c

### **Liz Hallett**

.ABHU

. PDA Union Member

. PCPA Member

**Rafia Jamil**

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

**Jodie Gwenter.**

Swansea Bay University Health Board



## National Pharmacy Board meeting – 8 February 2024

<b>Title of item</b>	<b>Powers, Duties and Functions of the National Pharmacy Boards</b>
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Cath Ward  Business Manager, Wales  0207 572 2345  <a href="mailto:Cath.ward@rpharms.com">Cath.ward@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Chairs
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Headline summary of paper</b>	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 Thursday 9 November 2023, in person, at 66-68 East Smithfield, London, E1W 1AW and also by Zoom.

### Present:

#### English Pharmacy Board (EPB).

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ) (Vice Chair), Danny Bartlett (DB), Sibby Buckle (SB), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Michael Maguire (MM), Paul Summerfield (PS)

#### Scottish Pharmacy Board (SPB).

Iain Bishop (IB), Omolola (Lola) Dabiri (OD), Kelsey Drummond (KS), Josh Miller (JM), Richard Shearer (RS), Catriona Sinclair (CS) Acting Chair, Jill Swan (JS) and Audrey Thompson (AT) (by zoom)

#### Welsh Pharmacy Board (WPB).

Geraldine McCaffrey (GM) Chair, Cheryl Way (CW) vice chair, Rafia Jamil (RJ), Lowri Puw (LP), Dylan Jones. (DJ), Helen Davies, (HD) and Jodie Gwenter, (JG), Liz Hallett (LH), Rhian Lloyd Evans (RLE) and Gareth Hughes (GH).

### In attendance:

#### RPS Staff

Paul Bennett (PB) Chief Executive, Regina Ahmed (RA) Guidance Manager (Item 7 only), Rakee Amin (RA) Senior Professional Standards Pharmacist (item 7 only), Diane Ashiru-Oredope (DAO) Deputy Chief Scientist, Ross Barrow (RB) Head of External Affairs, Scotland, James Davies (JD), Director for England, Melissa Dear (MD) Corporate Communications Manager, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging and Engagement, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales, Tammy Lovell (TL), PJ Correspondent (on zoom), John Lunny (JL) Public Affairs Lead, England, Cara Mackenzie (CM) CPhO Clinical Fellow, Scotland, Fiona McIntyre (FM) Practice and Policy Lead for Scotland, Liz North (LN) Head of Strategic Comms, Caitlin O'Sullivan (CO'S) Content Editor (Item 7 Only), Neal Patel (NP), Associate Director, Membership,

Carolyn Rattray (CR) Business Manager, Scotland, Rick Russell (RR), Chief Operating Officer, Wing Tang (WT) Head of Professional Standards, Guidance and Patient Safety, Clare Thomson (CT) CPhO Clinical Fellow, England, Cath Ward (CW) Business Manager, Wales, Laura Wilson (LW), Director for Scotland and Heidi Wright (HW), Practice and Policy Lead for England.

### **Guests**

Beth Ward, CPA

Victoria Rutter, CPA

Deborah Nyaberi, BPSA Policy Officer (on zoom)

2 RPS member observers (on zoom)

<b>23/11/ NPB.01.</b>	<p><b>Welcome and explanation of the format of the day.</b>            Chaired by: Geraldine Mccaffrey (GM), Chair WPB. Led by: GM</p> <p>GM welcomed all to the meeting and explained the format of the day, open business, confidential business followed by a workshop meeting for board members in the afternoon.</p> <p>Liz North the new Head of Strategic Comms was welcomed to the meeting. LN gave a short introduction on her professional career.</p>	
<b>23/11/ NPB/02.</b>	<p><b>Getting to know your table.</b>            Chaired by: GM, Led by: GM</p> <p>GM gave board members ten minutes to get to know the other board members on their tables,</p>	
<b>23/11/ NPB.03.</b>	<p><b>Apologies.</b>            Chaired by: GM. Led by: GM</p> <p>Apologies were received from:  <b>SPB:</b> Tamara Cairney (TC), Andrew Carruthers (AC), Lucy Dixon (LD), Jacqueline Sneddon (JS)  <b>EPB:</b> Bayo Adegbite (AB), Emma Boxer (EB)</p>	

	<b>WPB:</b> Richard Evans (RE)	
<b>23/11/ NPB.04.</b>	<p>Chaired by: GM, Led by: GM</p> <p><b>A. Declarations of interest.</b> (23.11/EPB/SPB/WPB/04a) EPB, SPB and WPB noted the declarations of interest.</p> <p>There were no further updates to the above papers and Board Members were reminded to forward amendments to Declarations of Interest to Business Managers.</p> <p><b>B. Board members functions and duties.</b> (23.11/NPB/04b) EPB, SPB and WPB noted the Board members' functions and duties.</p>	
<b>21/02 /NPB.05.</b>	<p><b>Minutes of the EPB/SPB/WPB Formal Open Business meeting held on Wednesday 21 September 2023</b></p> <p>Chaired by: GM, Led by: GM The English Pharmacy Board</p> <p><b>accepted as a true and accurate record</b> subject to "pharmacy organisations" being inserted into item 23.09.EPB.07.</p> <p>the minutes (23.11/EPB/05) of the formal EPB open business meeting held on 21 September 2023.</p> <p>approved by Alisdair Jones and seconded by Brendon Jiang</p> <p><b>Matters arising</b></p> <p>23.09.EPB.06 Action 2 – Closed  23.09.EPB.07 Action 4 – Closed – agenda item for this meeting  23.09.EPB.07 Action 6 – Remains open still work with DB on this blog  23.09.EPB.09 Action 10 –Remains open – still engaging  23.09.EPB.09 Action 11 – Remains open</p>	

	<p>23.09.EPB.09 Action 12 – Remains open 23.09.EPB.09 Action 14 – Remain open – have had initial discussion – more discussion to take place. 23.02.EPB.05 Action 1 – Closed.</p> <p>The Scottish Pharmacy Board</p> <p><b>accepted as a true and accurate record</b></p> <p>the minutes (23.11/SPB/05) of the formal SPB open business meeting held on meeting held on 21 September 2023.</p> <p>approved by Jill Swan and seconded by Lola Dabiri</p> <p><b>Matters arising</b> 23.09.SPB.13 - NHS Genomes Strategy will be published in the next few weeks. 23.09.03 (a) - Ongoing 23.09.04 - Remains open 23.09.SPB.06 - Closed 23.09.SPB.09 - Closed 23.09.SPB.10 - Closed – on agenda for today's meeting 23.09.SPB.11 - Closed</p> <p>The Welsh Pharmacy Board</p> <p><b>accepted as a true and accurate record</b></p> <p>the minutes (23.11/WPB/05) of the formal WPB open business meeting held on meeting held on 21 September 2023</p> <p>approved by Rafia Jamil and seconded by Helen Davies</p>	
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	<p><b>Matters arising</b></p> <p>23.09WPB.03 - Remains open in discussion with Welsh Government</p> <p>23.09WPB.05 - Closed</p> <p>23.09WPB.08 - Closed</p> <p>23.09WPB09 - Closed</p>	
<p><b>21/02/ NPB.06.</b></p>	<p><b>Leadership Structures and Country Teams</b></p> <p>Led by: Paul Bennett (PB), CEO. Chaired by: Tase Oputu (TO), Chair EPB</p> <p>PB gave a detailed account of how the new structure was working since the departure of the Chief Education and Membership Officer (CEMO) in October. The core principles of the role were to combine Education and Membership and develop a strong member proposition. Karen Baxter is now the Executive Support for Education (Joseph Oakley and Helen Chang and teams) and Rick Russell is the Executive Support for Membership (Neal Patel and Team). Other changes are to the functions of:</p> <ul style="list-style-type: none"> <li>• professional guidance, standards and patient safety which is now led by Wing Tang and supported by Elen Jones.</li> <li>• New Engagement model – Aman Doll, Head of Professional Belonging and Engagement will now lead in this area, supported by Rachael Black, and will be responsible for the newly appointed regional leads (x 3) and the ambassadors, and will be supported by James Davies. AD will work with the country teams and membership team to get traction locally.</li> <li>• International – Laura Wilson will lead on this and work in a more co-ordinated way with our international partners (FIP and CPA).</li> </ul> <p>PB then went on to discuss the plans to appoint to the position of CEMO. He said that it has been decided to postpone this appointment until after the Constitution and Governance Review reports its findings to the Assembly and the implications the review may have for the organisation have been fully digested. More recently, a few new appointments have been made:</p> <ul style="list-style-type: none"> <li>• Head of Strategic Comms – Liz North</li> </ul>	



	<ul style="list-style-type: none"> <li>Deputy Chief Scientist – Dr Diane Ashiru-Oredope</li> </ul> <p>Board members were asked if they had any comments/questions on PB's overview, some of the points raised were:</p> <ul style="list-style-type: none"> <li>Will the Regulations be reviewed as part of the Constitution and Governance Review? PB replied that governance will follow any restructure that may occur as a result of the review. It is important not to pre-empt the review.</li> <li>Luther Pendragon report on communications – A review of progress against this review will be taken to the Assembly in March 2024.</li> <li>How many directors are there in RPS? PB said there are currently 4 Executive members and a number of Directors across the organisation – the (circulated) updated organogram will show these positions. Recent changes have been made to optimise the functions across the RPS.</li> </ul> <p>The Chair thanked PB for his overview of the new structure and asked for an organogram of these changes to be circulated to all board members and reminded Board members to take note of the paper going to Assembly in March regarding the Luther Pendragon communications report progress review.</p> <p><b>Action 1:</b> Circulate an organogram to Board members.</p>	
23/11/ NPB.07.	<p><b>Patient Safety and Standards</b></p> <p>Led by: Wing Tang (WT), Assoc Director, Patient Safety &amp; Professional Standards; supported by Elen Jones (EJ), RPS Director for Wales. Chaired by: TO</p> <p>WT said he was pleased to be working more closely with the Country teams and introduced his team who gave short updates on their areas of work:</p> <ul style="list-style-type: none"> <li>Guidance – Regina Ahmed</li> <li>MEP – Rakhee Amin</li> <li>Content editor – Caitlin O'Sullivan</li> </ul>	

	<p>WT gave a short update on the current work on professional standards which included:</p> <ul style="list-style-type: none"> <li>• Overprescribing and repeat prescribing</li> <li>• Greener pharmacy standards</li> <li>• Homecare refresh</li> <li>• Error reporting standards</li> <li>• Virtual wards standards</li> <li>• Daffodil Standards – palliative care</li> </ul> <p>Some of this work will roll over into 2024 along with new work on standards.</p> <p>WT is also now responsible for Patient Safety and intends working with partners (Royal Colleges and others) in this area. There is much to be done to cascade this work out to members and raise awareness.</p>	
<p><b>23/11/ NPB.08.</b></p>	<p><b>International updates</b></p> <p>Led by: Claire Anderson (CA), RPS President and Beth Ward and Victoria Rutter from the CPA supported by: Laura Wilson (LW), RPS Director for Scotland. Chaired by: TO</p> <p><b>FIP update - Claire Anderson</b></p> <p>CA gave a short presentation on FIP and referred all to her recent <a href="#">Blog</a> on FIP.</p> <p>CA paid tribute to the late Dominique Jordan (Past President of FIP) and said the RPS will be awarding him an honorary Fellowship of the RPS at the Conference on 10 November.</p> <p>Paul Sinclair (Australia) was confirmed as the new President of FIP.</p> <p>Some highlights from FIP:</p> <ul style="list-style-type: none"> <li>• The Council adopted a new policy statement on Environmental Sustainability within Pharmacy</li> <li>• The existing voting model will remain</li> <li>• FIP will work with the RPS and other members to establish better benefits – using their materials etc</li> </ul>	

**CPA – Beth Ward and Victoria Rutter**

CPA thanked RPS for their continued support.

VR said that the organisation has grown, a governance review has been undertaken and the constitution redrafted.

VR highlighted some of their areas of work:

- AMS – programme of work across Africa with 19 partnerships – some UK pharmacists are acting as mentors – SPARC developed a prescribing companion app (how to influence change in anti- microbial prescribing habits)
- Voluntary information and price sharing database developed – trying to get best deals on medicines for countries
- Opportunities for RPS to be involved – sharing RPS materials with other countries
- PharmAid – thanks to RPS for this resource
- CPA has 36 publications since 2018

BW spoke about member engagement and how the RPS could get involved. At a recent meeting with members in September the areas of challenges and priorities that emerged were:

- Scope of practice
- CPD
- Lack of pharmacists
- Medicines shortages

FIP is a good opportunity for the CPA to meet in person with its members. CPA is the implementation arm of FIP and has a shared vision – CPA have an MOU with FIP on workforce development.

BW covered a number of projects currently in place in Australia, India, Sri Lanka, Ghana and Samoa. There are many opportunities for RPS to collaborate.

	<p>There was a question around making it easier for pharmacists to practice in other countries. BW said she has been talking with GPhC about this and some countries are keen to support this way forward as they understand the benefit.</p> <p>Board members said the presentation was inspirational and raised awareness of leadership and mentoring opportunities.</p> <p>The Chair thanked all for their presentations.</p>	
<b>23/11/ NPB.09.</b>	<p><b>Engagement Model</b> Led by: Amandeep Doll (AD), Head of Professional Belonging &amp; Engagement, supported by: James Davies, RPS Director for England</p> <p>AD referred to the new engagement model that had been approved at the September Board meeting saying that the 3 engagement leads have now been recruited and all will be in post by January 2024. The roles are part time and will be supported by the Ambassadors. "Belonging" will be a core part of their role, building on making the RPS the professional home for members. The engagement leads will work collaboratively with others across healthcare taking up opportunities to meet at events and will raise awareness of the RPS especially with Schools of Pharmacy and students.</p> <p>There was some discussion about RPS being present at more conferences, eg Clinical Pharmacy Congress. The RPS does attend some of the pharmacy conferences, but not all, and does not have a strategy for presenteeism at conferences with each assessed on merit. PB said that we need to have a conversation around what part conferences play in the RPS strategy and will be taking this forward in 2024.</p> <p>Board members said they were looking forward to more local engagement events.</p>	
<b>23/11/ NPB.10.</b>	<p><b>Inclusion &amp; Diversity – Differential attainment &amp; update on strategy</b> Led by: Amandeep Doll (AD), Head of Professional Belonging &amp; Engagement, supported by: James Davies, RPS Director for England</p>	

	<p>Black History Month was successful with an event being held at the RPS celebrating Black Women in Pharmacy. Lola Dabiri (SPB) was one of the women nominated.</p> <p>We are working collaboratively with other healthcare organisations to ensure we continually talk about diversity. We are working with NHSE on health inequalities, and also working with the Schools of Pharmacy and GPhC to embed inclusion and diversity into the undergraduate programme and initial education and training programmes.</p> <p>It is encouraging to see the Chief Pharmacists group using the RPS I&amp;D strategy in their work and adapting it to suit local needs.</p> <p>The Science and Research team are currently working on the evaluation of the I&amp;D strategy and next year we will be updating the strategy to build on the work already carried out.</p> <p>We are currently collaborating with others in bringing together a report on Differential Attainment for undergraduates and foundation trainees – addressing the problems for black students. We are hoping to take a GB perspective to this work.</p> <p>The Chair thanked AD for her session on I&amp;D.</p>	
23/11/11.	<p><b>PA update – Manifesto update and PA activities</b> Led by: PA Leads. Chaired by: GM</p> <p>JL circulated a draft copy of the Manifesto to those in the room. He said that we are probably expecting an election to take place in September 2024. The team has engaged with a number of pharmacy and health bodies in developing this (draft) Manifesto. These organisations will also have their own manifestos. Currently there is no fixed date on the publication of the RPS manifesto but it is hoped it will be published before the end of the year.</p> <p>The Board members were broadly supportive of the draft Manifesto and some of the comments given were:</p> <ul style="list-style-type: none"><li>• Could we ask members to send this to their MP</li></ul>	

	<ul style="list-style-type: none"> <li>• Some issue with how £million is displayed (£14M)</li> <li>• English centric eg prescriptions are already free in Scotland and Wales</li> <li>• Too much information – should be reduced to 2 x sides of A4 (not 4 x A4)</li> <li>• Digital healthcare agenda is missing</li> <li>• Will be working on the Welsh and Scottish manifestos in 2025 and 2026</li> <li>• Do not send the manifesto to politicians without first introducing it to them</li> </ul> <p>JL thanked Board Members for their comments. The Manifesto will be refined and returned to the designers for finalisation ahead of publication.</p> <p>The Chair thanked JL for the session.</p>	
<b>23/11/12.</b>	<p><b>Papers for noting</b> Led and chaired by GM</p> <p>The EPB, SPB and WPB <b>noted</b> the following updates papers 23.11.NPB.12 (I) - (viii)</p> <ul style="list-style-type: none"> <li>i. Science &amp; Research update</li> <li>ii. Education update</li> <li>iii. Policy and consultations - Standards</li> <li>iv. Public Affairs</li> <li>v. Sustainability</li> <li>vi. Workforce wellbeing</li> <li>vii. Marie Curie Daffodil Standards</li> <li>viii. Membership</li> </ul>	
<b>23/11/13.</b>	<p><b>Any other business</b> Led and chaired by: GM</p> <p>There was no other business to discuss</p>	

23/11/14.	<b>Dates of next meetings</b>  The EPB/SPB/WPB noted the dates of the meetings for 2024 (TBC at RPS Assembly) <table border="1" data-bbox="831 344 1440 754"> <thead> <tr> <th>England</th><th>Scotland</th><th>Wales</th></tr> </thead> <tbody> <tr> <td>6 February</td><td>7 February</td><td>8 February</td></tr> <tr> <td>18 and 19 June</td><td>18 and 19 June</td><td>18 and 19 June</td></tr> <tr> <td>17 September</td><td>18 September</td><td>19 September</td></tr> <tr> <td colspan="3">There will be a Joint NPB meeting for England/Scotland/Wales in London day before RPS conference: <b>7 November 2023.</b></td></tr> </tbody> </table>	England	Scotland	Wales	6 February	7 February	8 February	18 and 19 June	18 and 19 June	18 and 19 June	17 September	18 September	19 September	There will be a Joint NPB meeting for England/Scotland/Wales in London day before RPS conference: <b>7 November 2023.</b>			
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The meeting closed at:12.15

### Action List

#### Joint Board meeting:

23/02/NPB/06	<b>Action 1</b> – Circulate an organogram to board members	<b>PB</b>	<b>closed</b>

#### Outstanding English Pharmacy Board

23.09.EPB.07	<b>Action 6:</b> DB has roundtable with MPs – happy to write a blog for members on his experience	<b>DB/JL</b>	<b>Open</b>
23.09.EPB.09	<b>Action 10:</b> ICBs and commissioning of community pharmacy – need more proactive engagement	<b>JD/EM</b>	<b>Open/ongoing</b>

<b>23.09.EPB.09</b>	<b>Action 11:</b> JD to add the vision progress slides a column which states which organisation/group the RPS are collaborating with and reshare	<b>JD</b>	<b>Open</b>
<b>23.09.EPB.10</b>	<b>Action 12:</b> A one year on update on the Vision is planned to be presented at the first board meeting in 2024	<b>JD</b>	<b>Open</b>
<b>23.09.EPB.11</b>	<b>Action 14:</b> Discuss how foundation trainees access a DPP with GPhC	<b>JD/TO</b>	<b>Open/ongoing</b>

#### Outstanding Scottish Pharmacy Board

<b>23.09.03 (a)</b>	<b>Declarations of Interest</b> BMs to send CR any DOI updates	<b>BMs/CR</b>	<b>Ongoing</b>
<b>23.09.04</b>	<b>Action No 23/06/07 from NPB minutes</b> NPB Set up a board working group to further help and guide out policy work and direction of travel in independent prescribing – action through Policy and Stakeholder group. To be actioned once work plan has been confirmed	<b>LW/BMs</b>	<b>Open</b>

#### Outstanding Welsh Pharmacy Board

<b>23.09WPB03</b>	Team to pursue and obtain the information from Welsh Gov regarding the seed funded projects for PDaHW 2022. An IP working group was set up through the P&S group – this item will remain as an outstanding item as we need to gain more insight from our members, also noting that this is a wide piece of work.		
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**Wales Pharmacy Board meeting - 8 February 2024**

<b>Title of item</b>	<b>Welsh Pharmacy Board Elections 2024</b>
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Cath Ward  Business Manager, Wales   <a href="mailto:Cath.ward@rpharms.com">Cath.ward@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Elen Jones
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Headline summary of paper</b>	Information on Welsh Pharmacy Board elections 2024

## National Pharmacy Board Elections 2024 - WALES

### 2024 Elections

The term of office for the following Board members comes to an end at 11.59pm on 18 June 2024:

**Cheryl Way**

**Eleri Schiavone**

**Helen Davies**

**Dylan Jones**

**Gareth Hughes**

**Geraldine Mccaffrey**

**Elanor Thomas (covered by Rafia Jamil)**

**In Wales a sector based system is in operation, the 7 places** to be filled in the forthcoming 2024 elections in the following sectors –

One place for any eligible Member whose substantive practice is in the Primary Care sector

Two places for any eligible Member whose substantive practice is in the Hospital Care sector

Two places for any eligible Member whose substantive practice is in the Community sector

Two places for shall be filled by any eligible Member

**Please note:** Assembly agreed that the imbalance in the election places that currently exists in all three Boards across the three-year cycle will now be re-set back to a more even split across the years. As a result, the terms of office for the Welsh Pharmacy Board places in 2024 will be as follows:

The newly elected Primary Care candidate and the first elected Hospital, Community and any sector candidates shall serve for three years. The remaining elected candidates shall serve for two years.

In the event that there are insufficient candidates to require an election to be held in any of the sectors (including the 'any eligible Member' sector), the allocation of the terms of office shall be determined by drawing of lots. This follows the process to be used in the event of a tied vote as set out in the Election Scheme '*the election shall be decided between the tied candidates by the drawing of lots conducted by the Scrutineer*' (Election Scheme Section 18(6))'.

### 2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2024.

### **3. Election Scheme**

All details pertaining to the 2024 election will be available in the Election Scheme for 2024 at [Who We Are | RPS \(rpharms.com\)](https://rpharms.com/who-we-are)

### **4. Risk implications**

Reputational risk if a robust process is not followed.

### **5. Resource implications**

All costs have been accounted for in the budget for 2024.

**Elen Jones**

**Director for Wales**

**Returning Officer for the Wales Pharmacy Board Election**

National Pharmacy Board meeting – 8 February 24

<b>Title of item</b>	<b>Emergency Hormonal Contraception (EHC)</b>
<b>Author of paper</b>	Heidi Wright, Alwyn Fortune and Fiona McIntyre
<b>Position in organisation</b>	Policy Leads
<b>Telephone</b>	02075722299
<b>E-mail</b>	heidi.wright@rpharms.com
<b>Item to be led at the meeting by</b>	Policy Leads
<b>Headline summary of paper</b>	<ul style="list-style-type: none"> <li>• Describe access to EHC across the devolved nations.</li> <li>• Appraise options to widen access to EHC</li> <li>• Achieve consensus on RPS position should a reclassification proposal of levonorgestrel from P to GSL be proposed</li> </ul>
<b>Purpose of item (decision / discussion)</b>	To determine the RPS position on access to EHC and any future possible changes in terms of reclassification.
<b>For consideration</b>	<ul style="list-style-type: none"> <li>• Are the public health benefits of EHC being fully optimised with current access arrangements?</li> <li>• Does a pharmacist, or other healthcare professional, need to be involved in the provision of supply or sale of EHC?</li> <li>• What are the advantages and disadvantages of moving levonorgestrel from P to GSL?</li> <li>• Does the RPS have a view on levonorgestrel being considered for reclassified as a GSL medicine?</li> </ul>

## PUBLIC BUSINESS

<b>Risk implications</b>	Reaching a decision on the RPS position is essential to maintain our professional leadership surrounding access to medicines. Risks and benefits of each of the options surrounding access to EHC are described within.
<b>Resource implications</b>	None over and above staff time

## **Emergency Hormonal Contraception**

### **Questions for consideration:**

- Are the public health benefits of EHC being fully optimised with current access arrangements?
- Does a pharmacist, or other healthcare professional, need to be involved in the provision of supply, or sale of EHC?
- What are the advantages or disadvantages of moving levonorgestrel from P to GSL?
- Do the boards have a view on levonorgestrel being potentially considered to be reclassified as a GSL medicine?

### **What we are looking to achieve.**

- An RPS position statement on optimal access to EHC.
- An RPS position that can be taken should any future proposal arise regarding a switch of levonorgestrel from a P to GSL medicine.

### **Background:**

One third of births in Britain are unplanned or ambivalent with impacts on both women and children<sup>1</sup>. Abortion rates are higher in some black, asian and minority ethnic groups and there are rising numbers of abortions in women over the age of 35. Teenagers remain the group at highest risk of unplanned pregnancy. Outcomes for young parents and their children are still disproportionately poor, contributing to inter-generational inequity with higher rates of infant mortality, low birthweight and poor maternal mental health, amongst other adverse outcomes.

### **Current RPS Position and Policy**

RPS supports the timely access to EHC for all women through commissioned services via community pharmacies. In 2019 RPS responded to a call from the Royal College of Obstetricians and Gynaecologists to make access to EHC more widely available with the following:

*Commenting on a call from the Royal College of Obstetricians and Gynaecologists today for emergency hormonal contraception to be available 'off the shelf' and without a consultation with a pharmacist, RPS President Sandra Gidley said:*

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<sup>1</sup> <https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning#summary>

*“Having a consultation with a pharmacist is focused on helping women who need emergency contraception. There are several methods of emergency contraception available to women and as well as supporting the choice that’s best for her situation, pharmacists can advise on future use of contraception and the risk of sexually transmitted infections.*

*“Cost is a barrier to accessing medicines, so we fully support NHS schemes that allow women to access emergency contraception free of charge through community pharmacies. These services already exist in Scotland and Wales and it’s unacceptable that women in England still have to pay. We want to see this scheme extended across England, so women get better access to emergency contraception.”*

In our Position Statement on Women’s Health (July 2021) we said, on the topic of Contraception and Sexual Health:

*Delivery of a safe and accessible contraceptive and sexual health service by advising, prescribing, supplying and monitoring the use of contraception, including changing between different hormonal contraceptives and antenatal/postnatal advice. Provision of emergency contraception, and advice and treatment of sexually transmitted infections including formal referral pathways into sexual health services (including self-testing kit supplies). Community pharmacies are already the largest provider of emergency hormonal contraception and this should be supported through directly inputting data into shared patient records.*

We have produced guidance to support pharmacists when making a decision about the supply of EHC <https://www.rpharms.com/resources/pharmacy-guides/oral-emergency-contraceptives-as-pharmacy-medicines> and a consultation skills assessment to support them in a range of consultations, including the supply of EHC <https://www.rpharms.com/professional-development/foundation/foundation-assessment-tools/consultation-skills-assessment>

However, we are also aware that some women have a poor experience when trying to access EHC via a community pharmacy, with examples published in the media where supply has been refused. <https://www.bbc.co.uk/bbcthree/article/40b97daf-b9b9-4c2a-a2f3-355863b43df0>.

In response to this article, RPS stated the following:

*BBC3 online recently reported the cases of two women who were unable to access emergency contraception from their local pharmacy. Responding to the piece, RPS President Professor Claire Anderson said:*

*“It’s completely unacceptable that two women needing emergency contraception had negative experiences at the community pharmacies they approached to provide it.*

*“It’s vital women needing emergency contraception are not put off approaching their local pharmacy. Pharmacists provide emergency contraception across the UK on a daily basis*

*and the overwhelming majority of women will receive a swift and non-judgmental service, as is their right.*

*Pharmacists who have a conscientious objection which impacts on the services they can provide to patients should inform their employer prior to accepting the position and establish which local pharmacies will supply emergency contraception in the event that a request is made. They should then ensure that patients are referred to other providers for that service. Protecting the rights of individuals to adhere to their moral or religious beliefs is important, but satisfying the needs of patients must be the priority of both employers and employees.*

*“A pharmacist should never knowingly put themselves in a situation where they will not be able to meet the needs of patients and should deal with all requests in a compassionate and professional manner.”*

The Hatfield Vision, developed by the FRSH and endorsed by pharmacy organisations, including the CCA, NPA and RPS, aims to significantly improve reproductive health inequalities for all women and girls, enabling them to live well and pursue their ambitions in every aspect of their lives, by 2030. One of the stated goals is that “By 2025, free oral emergency contraception is available and funded in all community pharmacies across England, including to under 25s”.

Against this background, the current RPS policy position does not support widening access to EHC through reclassification of levonogestrel from P to GSL, however RPS does continue to support and advocate for the widening access to free oral emergency contraceptive services across all of GB.

### ***Faculty of Reproductive and Sexual Health***

The Faculty for Reproductive and Sexual Health (FRSH) are in the process of developing a position statement recommending the reclassification of levonorgestrel from a P to a GSL medicine. In addition, they support universal provision, across the UK of free, accessible oral emergency contraception without fear of harassment or stigma. They suggest that provision should include signposting and referral for emergency intrauterine contraception (IUC) and other ongoing methods of contraception, as appropriate.

FRSH support the reclassification of EHC from P to GSL with the following caveats:

- Detailed printed or digital information should be provided to everyone purchasing oral emergency contraception regardless of the location. This should include information on appropriateness of use, drug interactions, details of alternative methods of emergency contraception and signposting to online STI testing and local SRH services.



- Provision should not replace any existing pathways to access free oral emergency contraception, and these should continue to be commissioned and expanded in order to promote good sexual health and safeguard equality of access for all.
- If purchased in a pharmacy, if the pharmacist is not available, or if an individual does not wish to participate in such a conversation, this should not pose a barrier to being able to access oral emergency contraception.

The British Pregnancy Advisory Service (BPAS) believe that EHC remains a significantly underutilised resource in this country because of the restrictions on the way in which women can access it and also recommend that it is reclassified from a P to GSL medicine. The BPAS full position paper can be read here:

<https://www.bpas.org/media/xhgd03wj/levonorgestrel-gsl.pdf>.

The paper highlights the results from a mystery shop of the product that they undertook. Unfortunately, it demonstrated a poor pharmacy service: *No pharmacy offered information about ongoing methods of contraception or STI testing, and where such help could be obtained. No pharmacy informed women that the IUD was the most effective method of emergency contraception and no pharmacy provided information on where that could be found. Less than 50% of pharmacies visited offered a private room for the consultation, and so it was often held in proximity to other pharmacy users which made the experience itself more awkward for the shopper, and constrained the likelihood of asking further questions. This is particularly relevant in light of the suggestion that the consultation provides an important opportunity to address safeguarding concerns.*

### Option Appraisal for access to EHC

Given this background, the Boards are asked to consider the current policy positions outlines below and provide some guidance to the teams on their preferred way forward.

#### **Option 1 - Maintain Status Quo**

EHC is classified as a P medicine (Status Quo).

Access in Scotland and Wales through nationally commissioned community pharmacy services, free of charge to citizens. In England, there is no nationally commissioned service but areas of locally commissioned services provide EHC free of charge through community pharmacies.

#### **Option 2 - Advocate for a Nationally Commissioned Service in England**

EHC is classified as a P medicine.

Access in Scotland, **England** and Wales through nationally commissioned community pharmacy services, free of charge to citizen.

#### **Option 3 - Advocate for Reclassification of Levonorgestrel**

EHC reclassified to **GSL medicine**.

Access in Scotland and Wales through nationally commissioned community pharmacy services.

## ***Option 4 - Advocate for Reclassification of Levonorgestrel and a Nationally Commissioned Service***

EHC reclassified to **GSL medicine**.

Access in Scotland, **England** and Wales through nationally commissioned community pharmacy services.

### **SWOT analyses**

#### ***Option 1***

<b>Strengths</b>  Citizens accessing EHC do so under the supervision of or via consultation with a health care professional.	<b>Weaknesses</b>  Inequity of free access to EHC from pharmacies across GB nations  People accessing the service may not always receive the EHC due to individual pharmacist's response to delivering the service  Patients in some areas continue to pay for EHC
<b>Opportunities</b>  Optimise public health impact of widening access to EHC and reducing unplanned pregnancy  Opportunity to signpost more patients to the Pharmacy Contraception services	<b>Threats</b>  Difficult for some women to access the services due to cost.

#### ***Option 2***

<b>Strengths</b>  Citizens accessing the service do so under the supervision of or via consultation with a health care professional.  Equity of free access to EHC from pharmacies across GB nations	<b>Weaknesses</b>  People accessing the service may not always receive the EHC due to individual pharmacist's response to delivering the service  Access through pharmacy is more limited than open GSL.
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## PUBLIC BUSINESS

<p>Opportunities</p> <p>Optimise public health impact of widening access to EHC and reducing unplanned pregnancy</p> <p>Opportunity to signpost more patients to the Pharmacy Contraception services</p>	<p>Threats</p> <p>Consumer experience in pharmacies hasn't always matched expectations as described by BPAS.</p>
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### Option 3

<p>Strengths</p> <p>Access is widened as citizens may purchase EHC from a variety of outlets at time and place of need and reduce unplanned pregnancy</p>	<p>Weaknesses</p> <p>Inequity of free access to EHC from pharmacies across GB nations</p> <p>Depending on the route of access, citizens may not receive the appropriate pharmaceutical care associated with EHC e.g. assessment of appropriate form of EHC, counselling on use; signposting to sexual health services; contraceptive advice</p>
<p>Opportunities</p> <p>Easier access to EHC for individuals, without feeling judged or embarrassed.</p>	<p>Threats</p> <p>Missed opportunities for identifying welfare issues and safeguarding</p>

### Option 4

<p>Strengths</p> <p>Equity of free access to EHC from pharmacies across GB nations</p> <p>Access is widened as citizens may purchase EHC from a variety of outlets at time and place of need and reduce unplanned pregnancy</p>	<p>Weaknesses</p> <p>Depending on the route of access, citizens may not receive the appropriate pharmaceutical care associated with EHC e.g. assessment of appropriate form of EHC, counselling on use; signposting to sexual health services; contraceptive advice</p>
<p>Opportunities</p>	<p>Threats</p>

Individuals able to access EHC in the way they wish to potentially leading to a reduction in unplanned pregnancies	Missed opportunities for identifying welfare issues and safeguarding
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### **Context of current RPS policy**

To date, RPS have opposed reclassification of medicines from P to GSL on the basis of patient safety:

- While purchasing a GSL medicine, there is unlikely to be a check for appropriateness, counselling and advice at the point of supply
- Safe transactions take place in a pharmacy, due to staff being trained to ask the right questions and providing advice ; emphasising the correct way to take the medicine and what to do if there are side effects
- Information on the patient information leaflet (PIL), especially if the PIL makes reference to obtaining advice from your doctor or pharmacist
- Access in a pharmacy allows for safeguarding to be maintained and further support provided for access to other relevant sexual health services.

RPS continue to lobby for an end to the 'postcode lottery' that exists for services such as EHC where there are differences in access to commissioned services, free at the point of care, across the devolved nations and the potential created for inequalities in services.

RPS also advocate for improved services for women's health and supported the Hatfield Vision.

### **Recommendations:**

We recommend that Board members:

- Note the variation in access to EHC across the devolved nations.
- Appraise the options to widen access to EHC
- Achieve consensus on RPS position on the potential reclassification of levonorgestrel from P to GSL
- Decide on the most appropriate option for RPS to hold.

National Pharmacy Board meeting – 8 February 2024

<b>Title of item</b>	<b>Pharmacy Supervision Consultation</b>
<b>Author of paper</b>	Alwyn Fortune, Fiona McIntyre and Heidi Wright
<b>Position in organisation</b>	Policy Leads
<b>Telephone</b>	0207 572 2346
<b>E-mail</b>	Alwyn.fortune@rpharms.com
<b>Item to be led at the meeting by</b>	Policy Leads
<b>Headline summary of paper</b>	The Department of Health and Social Care (DHSC) is seeking views on proposals to modernise medicines legislation governing what tasks must be undertaken by a pharmacist, or under the supervision of a pharmacist.
<b>Purpose of item (decision / discussion)</b>	<p>To agree across the three country boards the RPS response to the ‘Pharmacy supervision’ consultation from DHSC, which sets out proposals to amend the Medicines Act 1968 and The Human Medicines Regulations 2012.</p> <p>The consultation can be found <a href="#">here</a>.</p>
<b>For consideration</b>	<p>The Boards to consider the proposals set out in the consultation, which are:</p> <ul style="list-style-type: none"> <li>• enable pharmacists to authorise pharmacy technicians to carry out, or supervise others carrying out, the preparation, assembly, dispensing, sale and supply of medicines.</li> <li>• enable pharmacists to authorise any member of the pharmacy team to hand out checked and bagged prescriptions in the absence of a pharmacist.</li> </ul>

## OPEN BUSINESS

	<ul style="list-style-type: none"><li>• allow pharmacy technicians to take primary responsibility for the preparation, assembly and dispensing of medicinal products in hospital aseptic facilities</li></ul>
<b>Risk implications</b>	Ensuring a strong considered cohesive response across all three Boards is imperative to demonstrate our professional leadership within the area of pharmacy governance and supervision and to best represent the views of our members.
<b>Resource implications</b>	None over and above staff time

### Pharmacy Supervision Consultation

#### Questions for consideration:

Do you agree or disagree with the following proposals set out within the consultation?

- **Proposal 1**  
Amend the Medicines Act 1968 and Human Medicines Regulations 2012 to enable pharmacists (should they wish) to authorise a registered pharmacy technician to carry out, or supervise another person to carry out, the preparation, assembly, dispensing, sale and supply of POMs and P medicines.
- **Proposal 2**  
Enable a pharmacist to authorise any member of the pharmacy team to hand out checked and bagged prescriptions to patients or patient representatives. This is to align 'bricks and mortar' pharmacy premises with current practice for home delivery, locker box and other delivery services.
- **Proposal 3**  
Allow a registered pharmacy technician to be responsible for a hospital aseptic facility in the same way that a pharmacist is under the current law.
- **Proposal 4**  
Regulation 220 of the Human Medicines Regulations 2012 is brought into line with the changes already made to other legislation concerning the supply of medicines 'at or from' a registered pharmacy premises. This is to better reflect current practice, particularly in the provision of delivery services from a registered premises.
- **Proposal 5**  
Do you think there any other barriers to modernising pharmaceutical practice in government legislation that we should consult on removing in the future?
- **Impact assessment**  
The consultation also asks for any comments on the current impact assessment in terms of impact on the costs and benefits of each option
- **Draft Statutory Instrument**  
The consultation asks for any further comments on any aspect of the draft statutory instrument

#### What we are looking to achieve.

A consensus position across the three boards in relation to the above questions and proposals to ensure an effective response to the consultation.

### Background:

Currently, medicines legislation requires that, subject to exceptions, the final sale and supply of POM and P medicines (Regulation 220 of The Human Medicines Regulations 2012) and the preparation, assembly, and dispensing (section 10(1) of the Medicines Act 1968) of medicines in certain settings must be undertaken by a pharmacist, or under the supervision of a pharmacist.

The DHSC published an open consultation on December 7<sup>th</sup> 2023 into '[Pharmacy Supervision](#)', the consultation closes on February 29<sup>th</sup> 2024.

As set out by the DHSC, within the consultation, the proposals aim to enable pharmacists to authorise (without directly supervising) registered pharmacy technicians to perform tasks that would otherwise need to be performed by or under the supervision of pharmacists. In addition, for registered pharmacy technicians to take primary responsibility for the preparation and assembly of medicinal products in hospital aseptic facilities, and in doing so, supervise non-registered members of staff.

*From the DHSC, "The proposals are designed to allow pharmacists to spend less time on tasks that can be safely delegated to pharmacy technicians, who are registered and regulated health professionals in Great Britain – capable of working more autonomously, referring to a pharmacist only where necessary."*

An additional proposal set out is one where checked and bagged prescriptions should be allowed to be handed out in a retail pharmacy in the absence of a pharmacist - where the pharmacist has authorised this.

*The proposals set out from DHSC are "designed to enable a broader range of pharmaceutical services to continue safely while pharmacists are engaged delivering clinical services or temporarily absent from the premises."*

### Context of current RPS policy

We have previously published our policy position statement, [RPS Strengthening Pharmacy Governance \(Supervision\)](#).

Through eight principles with supporting context, 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 specific components of legislation to regulation. Any changes should be supported by clear professional guidance.

*Amongst those principles we highlight that "legislation change is needed to enable appropriate medicines that have been clinically checked, dispensed, and accuracy*



*checked, to be given to a patient or their representative when the pharmacist is signed in as Responsible Pharmacist (RP) but absent.”*

We have been an active member of the [Pharmacy Supervision Practice Group](#), a group formed from organisations across the community pharmacy sector. Over the course of nine collaborative and positive workshop-style discussions the group aimed to provide recommendations to reframe legislation, regulation and professional standards and guidance to achieve a new vision for community pharmacy. The group produced a [report](#) which makes several recommendations on the subjects of:

- the legislation relating to “supervision”.
- the temporary absence of the RP from the pharmacy.
- delegation.
- the preparation and assembly of medicines when the RP is not signed in.

### **Next Steps**

We will engage the wider membership and the Expert Advisory Groups (EAGs) prior to discussion at Board meetings.

Two separate workshops are planned for members to attend and EAGs will have the consultation as an agenda item at their upcoming meetings that take place prior to Board meetings.

Feedback from these engagement sessions will be presented to Boards at the February meeting to help inform Board position.

### **Recommendations:**

Board members are asked to:

- consider the proposals outlined above and contained within the consultation.
- utilise the questions below to stimulate reflection, discussion and debate
- consider feedback from engagement sessions with EAGs and the wider membership presented at the February Board meetings
- contribute to achievement of consensus on the RPS response to the consultation questions

### **Some questions to consider:**

#### **Proposal 1**

- The consultation document discusses professional, civil and criminal liability in the event that something goes wrong. It states that there is continuing accountability where something is done with the authorisation of another person and if something goes wrong there may be shared accountability. Is there enough clarity in the proposes legislative changes to determine accountability between the pharmacy professions in real-life scenarios?

- If a pharmacist authorises a pharmacy technician to undertake certain duties, and then the pharmacy technician authorises a different member of the pharmacy team, who holds ultimate accountability? If a pharmacist delegates to a pharmacy technician accountability follows as the pharmacy technician is registered. But if the pharmacy technician delegates to another member of staff who is not registered who is accountable?
- If the pharmacy technician authorises another member of staff to undertake a task, does the pharmacist have to agree that decision?
- Do we need to state that authorisation should be written, rather than allowing verbal, to ensure a robust audit trail if an error occurs?
- Professional and regulatory standards are essential to provide clarity on accountability in real-life scenarios – will this be enough to enable pharmacy teams to achieve the intended benefits of these legislative changes?

### Proposal 2

- As referenced in our Strengthening Pharmacy Governance policy, this is something RPS have advocated for in the past and we would recommend that this proposal is accepted.
- Professional guidance will need to ensure that prescriptions that DO require a pharmacist intervention are clearly marked as such and that patients / carer who want to speak to a pharmacist are provided with that opportunity as soon as possible – this could be remotely

### Proposal 3

- Aseptic preparation of medicines is an important part of the service provision by pharmacy departments to facilitate accurate and timely administration of injectable medicines for patients. It is a complex and demanding activity requiring skilled staff, appropriate facilities and close monitoring and control [Quality Assurance of Aseptic Preparation Services: Standards. 5th Ed. RPS 2016]
- The proposal allows for registered pharmacy technicians to become “accountable pharmacy technicians” and report to the Chief Pharmacist in the same way that Accountable Pharmacists currently do.
- The consultation document describes that robust governance arrangements will be required to ensure safe implementation of this proposal into practice. Are we assured that a pharmacy technician can supervise and be responsible for all activity in aseptic units?
- The consultation does not set out the level of experience required for a technician to be deemed suitably qualified to run an aseptic unit – should this be set out in legislation / regulation?
- Are there particular activities that would still require pharmacist oversight?
- How might we protect pharmacist expertise in aseptic dispensing; quality assurance of medicinal products and other specialist skills (including pharmaceutical science) within the pharmacist profession if the legislation allows this role also to be carried out by pharmacy technicians?

- Are the current professional and regulatory standards surrounding aseptic preparation of medicines sufficient to support the safe implementation of this legislative change?
- With the removal a few years ago of the requirement for technicians to be trained in pharmaceuticals, does this mean that in the future technicians will not be suitably qualified to run a hospital aseptic unit?

### Proposal 4

- This is a change of wording which we recommend that we agree with

### Proposal 5

- Is there agreement that the following changes are also needed?
  - Legislation be amended to enable the preparation and assembly of medicines to take place outside the opening hours of the pharmacy without a RP being signed in, with accountability for dispensing accuracy resting with Superintendent Pharmacist (SP). This was in recognition that this is associated with a lower risk profile providing the lines of accountability for those prescriptions prepared or assembled out-of-hours is clear. When the RP is signed in, they will be responsible for assessing the professional and clinical appropriateness and assume accountability for the clinical safety of medicines prepared and assembled out-of- hours.
  - Legislation / Regulation should be amended to ensure pharmacists can access protected learning time. Pharmacists will then have the capacity and capability to engage in innovation and have access to mentorship and training as well as having protected time for such activities. Ultimately, the innovation that pharmacists and pharmacy technicians explore will inform future practice and ensure that high-quality, cutting-edge care is delivered for patients
  - Whilst the pharmacist should be present in the pharmacy and accessible to patients and the public, primary and secondary legislation should be clarified to reflect that “supervision” should no longer be interpreted to mean supervising individual transactions. A clarifying statement or direction in legislation or regulatory rules and standards to remove the case law precedent would be a helpful step forward.
  - To provide clarity on the role of the pharmacist in relation to “supervision”, this requires a pharmacist to be present in the pharmacy. Primary legislation should be amended to include this definition of “supervision” and also require the physical presence of the pharmacist
- Are there any other legislative changes that we should advocate for?
- Do we want to set out what we think should be included in regulation as part of the forthcoming consultation on responsible pharmacists and superintendent pharmacists?

### Impact Assessment

- Are there elements of the impact assessment which require debate?
- Will the legislative changes deliver the benefits anticipated?

## **OPEN BUSINESS**

- The impact assessment states that in September 2023 there were 64,267 pharmacists and 25,696 pharmacy technicians registered in Great Britain. However, we do not know the spread of the sectors where these registered professionals work. Are there enough registered pharmacy technicians in community pharmacy to achieve the benefits of authorisation within dispensing and supply?
- Has the impact for online pharmacies been considered, and will this be any different?

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<b>Title of item</b>	<b>Health Inequalities and Language Barriers. A Situation, Background, Assessment and Recommendations (SBAR) review paper.</b>
<b>Author of paper</b>	Wing Tang
<b>Position in organisation</b>	Head of Professional Standards and Patient Safety
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<b>E-mail</b>	<a href="mailto:wing.tang@rpharms.com">wing.tang@rpharms.com</a>
<b>Item to be led at the meeting by</b>	Wing Tang
<b>Headline summary of paper</b>	A review of language barriers in the context of Health Inequalities to decide the approach to be taken in the 2024 GB workplan
<b>Purpose of item (decision / discussion)</b>	Joint board review, discussion, and consensus recommendation for Health Inequalities 2024 or 2025 workstream
<b>For consideration</b>	Accuracy and omissions within the review paper. A review of proposed recommendations and the priority of this area of work.
<b>Risk implications</b>	There is a key risk that policy regarding translation services and language barriers is not robust or supported by the evidence-base.
<b>Resource implications</b>	Depending on option selected, this could impact on the ability to complete other areas of work. There are resources or funding required to undertake a robust literature search and review of the cost-effectiveness of pharmacy language barrier interventions.

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## **Health Inequalities and Language Barriers.**

### **A Situation, Background, Assessment and Recommendations review**

#### **Questions for consideration:**

- Should language barrier interventions take precedent over other areas that have already been prioritised?
- Have we captured the policy drivers accurately in this paper?
- Is there anything significant missing from the background context across
  - Policy work in 2023 and 2024 GB workplan
  - Member context
  - Wales context
  - Patient group context
  - Need for health economics evaluation context to underpin next steps
- Do boards agree with the proposed order of interventions to progress with this matter and the preferred option?
- Do we have a view from the three boards on the recommended options

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

- Opportunity to discuss and debate the value and prioritisation of Language Barrier interventions in the context of existing RPS plans and priorities.
- Consensus and a firm view from the three national boards on next steps for the Health Inequalities workstream in 2024 and 2025.

#### **Situation:**

The Joint National Boards of the Royal Pharmaceutical Society (RPS) have identified Health Inequalities as an ongoing key policy area for 2024. Health Inequalities are described in all three country Visions as an area for pharmacists to address.

This paper is a focussed rapid review of Health Inequalities and Language barriers to inform joint national board discussions and to agree a way forward in an informed manner.

The problem has been identified as a need to support people to understand how to best use their medicines when there is a language barrier, including for people for who English is not their first language and for people who cannot read.

The drivers for this paper include:

- Improving medicines adherence and reducing non-adherence
- Mitigating the impact of language barriers on patient health
- Social media interest occasionally referencing the RPS and linked to language barrier interventions (see appendix 1).
- Board member interest

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- Regulator (GPhC) roundtable on the challenge that patients face in accessing translation services.

At present, this is not one of the key priorities for the board in 2024.

## **Background:**

### Policy context

The RPS published a health inequalities policy in January 2023 which included a section on language and literacy. <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/health-inequalities-policy>

*The language used in written and verbal information may also be a barrier where resources are provided in English. Providing a choice of languages and enabling access to interpreters is essential, with digital tools offering fast access to translation when no interpreter is available. Language can also have less well-known barriers, such as neurodiverse populations finding metaphors hard to interpret.*

The policy does not overtly or specifically articulate a policy direction in relation to pharmacy interventions with language barriers due to unclear underpinning evidence-base at the time of development.

The joint GB workplan discussed by the three boards in 2023 included Health Inequalities as a key area of work with a 2024 focus on

- access to vaccines through pharmacy,
- prescription charges,
- supporting the implementation of Pharmacist First
- an exploration of rurality as a contributor to Health Inequalities.

Language barriers fell outside of prioritisation during the joint board workplan discussions or was not raised and therefore not currently part of the 2024 GB workplan. As a result, there is currently no planned or specific work focussed on translation services in 2024.

### Member context

Over the last 3 years 7 enquiries have been received

- 3 queries about PIL translation
- A member worried about liability from the use of a dual language system
- A commissioning support unit considering commissioning a dual language system
- A query about translating prescriptions

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- A hospital using translation services for discharge prescriptions, but stuck on translating drug names

This data illustrates the breath of language barriers issues and the consideration in members' minds.

### Wales context

An additional consideration, specific for Wales, is the legal status of the Welsh Language:

- The Welsh Language Act 1993 gave the Welsh Language equal status to English.
- While the Welsh Language (Wales) Measure 2011 established a legal framework for a statutory duty on public bodies (including health boards) in Wales to comply with Welsh standards. The legislation allows people to live through the medium of Welsh if they so wish.

As parts of efforts to make sure that medicines support is available bilingually, 30 cautionary instructions given to patients on prescription medicines are now available via the BNF.

Guidance is available on the RPS website <https://www.rpharms.com/resources/pharmacy-guides/use-of-the-welsh-language-in-pharmacy>. In relation to labelling, the guidance is enabling for dual language labels but does not mandate labels in English and Welsh as good practice.

### Patient group context

National Voices have called for general translated health information in a blog from January 2023 <https://www.nationalvoices.org.uk/blogpost/translated-health-information-is-essential-to-tackling-health-inequality/>

Healthwatch published a report in 2022 “Lost for words” which included a review of evidence on how language barriers contribute to health inequalities. <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Lost%20for%20Words.pdf>

### Evidence-base context

It is clear that language barriers contribute to health inequalities, meaning people who do not understand how to use their medicines have worse health outcomes.

The likely gap in the evidence-base is in the absence of cost-effectiveness evaluations of the various interventions that could be implemented in pharmacy



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settings. Interventions could include access to telephone translation services, dual labelling of medicines or digital translation tools. (see appendix 2).

Currently the RPS has not undertaken a literature search and review around the health economics of the various interventions that exist to address language barriers associated with medicines use.

It is our understanding from discussions with stakeholders that some health economic evaluations are underway led by an Academic Health Science Network for a bi-lingual medicines labelling product. This product has been the subject of a case study published on the NHS England website.

<https://www.england.nhs.uk/about/equality/equality-hub/case-studies/digitising-pharmacy-bilingual-medication-information-on-pharmacy-dispensing-labels/> See also appendix 1.

As a result, it may be worth postponing any future work or evidence gathering until after the publication of such an evaluation.

## Assessment

Should a decision be taken to proceed further in this area of work, the order of interventions, would be:

1. Undertake a review to understand the relative cost effectiveness of interventions to support language barriers in medicines use.
2. Update to the RPS Health Inequalities Policy 2023 underpinned by new evidence.
3. Advocacy and lobbying for NHS funding of translation interventions (see appendix 2) available through pharmacy underpinned by new policy and evidence base.
4. **Once funding is in place**, provide professional guidance to support the use of translation interventions.

It is not possible to issue best practice professional guidance directed at members or to pharmacy businesses in advance of clear cost-effectiveness evaluation and supportive NHS funding.

This is because professional guidance will create a professional obligation for individuals to use translation interventions before the healthcare system being able to do so. This would be unfair for members and likely to be challenged.

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A robust literature search and review would be required and is estimated to cost in the region of £5,000, which would need to be explored with the support of the RPS' Science and Research team, depending on their capacity.

Similarly professional guidance aimed at employers would create an obligation resulting in direct financial impact to pay for translation interventions before national funding is in place. This is currently not supported by the evidence-base and likely to be challenged by employers.

Factual information would be acceptable but would not solve any of the identified problems. As a professional body, the RPS will not endorse any commercial product.

DRAFT

## National Pharmacy Board meeting – (Date)

This table provides a summary of the options available to the RPS

Option	Intervention	Pros	Cons
1.	<p>Commission a literature search and review focussed on the cost-effectiveness and health economics of interventions which can be deployed by pharmacy to support with language barriers.</p> <p>This review would be validated by or undertaken by the RPS Science and Research team.</p>	A literature review should be able to underpin new policy and guidance and the cascade of appropriate interventions.	<p>The economic evaluation from NHS England is underway and if started now would not be included.</p> <p>Significant resource may be required to undertake a full literature search and review. This will either mean time of the RPS Science and Research team if this can be included in their 2024 workplan or circa £5000 if funding is needed.</p> <p>This work is not currently on the GB workplan and is not a current RPS priority area. Additional funding is required, or other items in the GB workplan may need to be de-prioritised.</p>
2.	<p>Act in the absence of cost-effectiveness and health economic evaluation.</p> <p>Advocate for funding for translation services for pharmacy now.</p>	This could be a relatively low cost intervention.	<p>Advocacy is less effective without an underpinning evidence-base. We may end up with recommendations that are determinantal to pharmacists and pharmacy teams due to no supporting NHS investment.</p> <p>This work is not currently on the GB workplan. If added in 2024, this may mean other priorities will need to be deprioritised.</p>
3.	<p>No new actions in 2024.</p> <p>Joint boards to review when the 2025 GB</p>	Does not require a re-prioritisation of the Joint National Board GB Workplan in 2024.	There remains an occasional inaccurate perception that the RPS does not work to remove health inequalities associated with language barriers.

	workplan is scheduled to be discussed. Budget to be planned for 2025.	Allows the work to be considered when the NHS England evaluation has been published.	
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### Recommendation:

Option 3 is recommended at this time.

Other areas of work are considered more important by the board, and the evidence base that will be created in 2024, will help guide future work that may be needed in this area.

### Appendix 1

Appendix 1 seeks to address one of the drivers for this paper which includes social media lobbying of the RPS by an innovative bi-lingual medicines labelling product.

The RPS is unable to endorse or recommend any commercial product. The table below illustrates the engagement and indirect support RPS staff and officials have undertaken to nurture a potential intervention. This means:

- Encouraging the development of a robust evidence-base, not just for safety but importantly for cost-effectiveness and a cost evaluation.
- Encouraging transparency around legal advice for responsibility and liability in the event a translated label causes harm
- Encouraging discussions with other key stakeholders as appropriate

When	Nature of RPS engagement with the innovative bi-lingual medicines labelling product
Pre 2018	Previous RPS Presidents enabled links and connections for preliminary research activity.

2018	Enabling presentation to the RPS' Pharmacy Digital Forum, a predecessor to the Digital Expert Advisory Group. The Digital Forum sought a robust evidence-base and advised Written Medicines to explore integrating the product with existing PMR system suppliers.
2022	Multiple discussions across the RPS staff and officers to discuss GPhC's Inclusion and Diversity draft guidance and legal issues.
2022	Facilitating access to the RPS Annual Conference 2022
2022	Podcast with the RPS Chief Scientist "Breaking down language barriers" <a href="https://www.rpharms.com/resources/podcast-central/pharmascene/episode-21">https://www.rpharms.com/resources/podcast-central/pharmascene/episode-21</a>
2023	Discussions with the RPS Head of Professional Belonging
2023	Discussions with the MEP editor about use of the MEP to plug gaps identified by Written Medicines in GPhC Equality Guidance <a href="https://www.pharmacyregulation.org/sites/default/files/document/gphc-equality-guidance-for-pharmacies-december-2022_0.pdf">https://www.pharmacyregulation.org/sites/default/files/document/gphc-equality-guidance-for-pharmacies-december-2022_0.pdf</a>

## Appendix 2

Appendix 2 is a list of language barrier interventions which should be considered in any future literature search and review or future policy work

- NHS Translation Services and availability to pharmacy teams
- General or non-medical translation software, applications, and platforms
- Medical translation software, applications, and platforms
- Multi-lingual staff
- Pharmacy volunteers
- Third sector organisations

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<b>Title of item</b>	Science and Research update to National Pharmacy Boards
<b>Author of paper</b>	Professor Parastou Donyai
<b>Position in organisation</b>	Chief Scientist
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<b>Headline summary of paper</b>	Summary of Science & Research Team activities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	NA
<b>Resource implications</b>	NA

## National Pharmacy Board meeting – February 2024

### **SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY BOARDS**

#### **1. Background**

The purpose of the Science and Research programme is to:

- Improve research capacity and capability within pharmacy,
- Increase the public profile of pharmaceutical science and research, including clinical and social pharmacy practice research,
- Support innovation and building the evidence-base in collaboration with the Science and Research Committee,
- Support internal policy, tools and services through research/evidence-based decision making.

*This paper outlines Science and Research activities undertaken from September 2023 to present.*

#### **2. Summary of activities**

##### **2.1. Staff recruitment**

- Yen Truong is on extended sabbatical leave while on a fixed-term contract at the Care Quality Commission, akin to a secondment. Dr Helena Rosado left the RPS following her return to Portugal. As a result, a new Senior Research Manager (0.6 FTE), Dr Chris Martin, was recruited and started at RPS on Thursday, 09 November 2023. A new Science & Research Officer (0.6 FTE) was recruited and starts at RPS by end of January 2024. Lauren Ross was promoted from Science & Research Officer to Manager role in September 2023.

##### **2.2. Science Recognition Awards**

- **Harrison and Hanbury Awards** – Harrison Award nomination call closed on 18 November 2023; further information in the new [RPS awards webpage](#). Award scoring criteria was updated to improve clarity. Scoring sheet and all nominee documents have been shared with the Harrison Award 2024 Panel. The panel will convene on 22 January 2024 to select the awardee.
- **Outstanding Pharmacy Early-Career Research Awards (OPERA)** – OPERA 2023 winner, Stephen Kelly, made a presentation and received his award at the RPS Annual Conference on 10 November 2023. The Pharmaceutical Journal have launched nominations for OPERA 2024, closing on 31 January 2024; details can be found in the [Pharmaceutical Journal article](#).

##### **2.3. Research Support Services**

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support. Recent examples include the following.

- **Inclusion and Diversity Evaluation**– Six I&D focus groups were held with RPS members between 26 September and 05 October 2023, exploring three key themes: sense of belonging

within the pharmacy profession, barriers to EDI engagement, and cultural competencies in pharmacy practice. The final report is being finalised by 31 January 2024.

- **Workforce wellbeing** – The 2023 Workforce Wellbeing survey was launched on 16 October 2023 and closed on 11 November 2023. Following extensive data analysis, a report was created for internal and external review on 05 December 2023. The final report is being submitted on 29 January 2024.
- **RPS Annual conference abstract submission process 2023** – SRT continued supporting the education team with the call for abstracts, including abstract review. On the day of the conference, SRT assisted the Education Team with abstract poster questions and judging processes.
- **RPS Interns** – The RPS Summer interns were hosted on 30 August 2023. Discussions included the function of SRT within the RPS, and the importance of inclusion and diversity in research, with held an interactive workshop on effective design. The RPS Chief Scientist also shared her career journey.
- **Repeat prescribing in primary care** – SRT has been newly invited to support the England policy team with a project investigating the risks of poor repeat medication processes, specifically relating to opioid medications.
- **Medicines Shortages** – SRT has been newly invited to support the England policy team with a scoping review on existing guidelines and position papers on Medicines Shortages
- **Research support and mock Interviews** – SRT organised and delivered the following support:
  - OH (17 October 2023) – DCAF NIHR Application Support
  - DA (22 November 2023) – PhD proposal support
  - AT (12 December 2023) – Research ethics query
  - UM (13 December 2023) – PhD project & MDT working support
  - RA (08 January 2024) – PhD application support

## **2.4. Resources for the development of research capacity and capability in pharmacy**

- NIHR research e-Learning modules
  - Responsibility for the NIHR research e-learning modules has been reassigned to SRT with communications with NIHR and module maintenance to be managed within SRT. Previous promotion efforts undertaken by SRT and the wider PLB teams includes producing social media posts, promotion in our newsletter, and promotion at relevant events.

## **2.5. Events & Conferences**

- **Research, the NHS and You: A joint NIHR and NHS Conference for people new to research, 21 September 2023**
  - SRT hosted a marketplace stand at the invitation of NIHR, alongside a representative from the RPS Assessments & Credentialing Team. Shared information on research support services, NIHR e-Learning modules, The RPS Annual Conference, and the RPS credentialling pathways.
- **Demystifying Credentialing event, 10 October 2024**



- RPS Deputy Chief Scientist shared a pre-recorded presentation at this event.
- **European Society of Clinical Pharmacy 2023 Conference, 31 October – 02 November 2023**
  - SRT was represented as a delegate at the conference. Assessed ongoing clinical pharmacy landscape throughout research, shared information about RPS research support services, and supported the Scottish Policy Team at RPS marketplace stand.
- **RPS Annual Conference 2023, 10 November 2023**
  - SRT hosted a stand at the conference. The team also hosted an I&D workshop in collaboration with Aman Doll to further explore the themes identified in the I&D focus groups.
  - RPS Chief Scientist penned the Foreword for the supplemental issue of the International Journal of Pharmacy Practice to accompany the publication of abstracts presented at the RPS Annual Conference 2023
  - RPS Deputy Chief Scientist awarded the prize to the OPERA 2023 winner during a session she Chaired entitled “Collaborating with Industry and Research Partners”
  - RPS Chief Scientist awarded the RPS Conference Poster prizes at the close of the conference to winners Dr Sally-Ann Francis, Liam Bastion, Avril Tucker, Owain Williams
- **JPAG Pharmaceutical Analysis Research Awards and Careers Symposium 2023, 21 November 2023**
  - SRT was represented at the JPAG symposium, which included networking activities and participated in oral & poster presentation Q&As. Event details can be found [here](#).
  - A new leaflet was created and disseminated at the event for recruitment of Pharmaceutical Scientists to the RPS
- **Clinical Academic Careers Pathway in Pharmacy meeting September and December 2023**
  - SRT was represented at the above meeting by the RPS Chief Scientist. The meeting was co-chaired by David Webb and Christine Bond

## **2.6. Other Science Activities**

- **Media enquiry responses**
  - Media request for comment on an Independent Community Pharmacist feature on supplements, including CBD supplements.
  - Media enquiry from the Daily Mail on the [FDA panel ruling on oral decongestants](#)
  - Media enquiry from BBC on the Bradford sweet poisonings of 1858 and whether there are new developments/research/insights about the sale of poisons to pharmacists in the UK
  - Media enquiry from BBC Three Documentary on Selling Semaglutide
  - Media enquiry from ITV Good Morning Britain on buying Ozempic online
- **Chief Scientist Research Opinion** – Monthly blog providing commentary on selected articles from RPS journals. The most recent post is titled “Elevating research within pharmacy” and can be found [here](#).
- **PharmaScene** – Chief Scientist took part in the Christmas special edition of the Pharma Scene Podcast #27, ‘Christmas in the Pharmacy’ alongside RPS Museum Officer.
- **RPS response to DHSC consultation on smokefree generation and youth vaping** – Chief Scientist liaised with incoming Chair of SRC to ensure scientific input into RPS response.

- **Medicines Reuse** – Chief Scientist met separately with two EPB members to discuss this topic. She also initiated an international partnership for Medicines Reuse Research which enabled an oral presentation at the RPS annual conference 2023 entitled "Unused medicines: can take-back and redistribution become a sustainable solution to the problem of medication waste via an international partnership?" during the morning session "Collaborating with Global Partners". RPS Chief Scientist was separately invited by the University of Lausanne, Switzerland, to join the scientific committee of a project to tackle Medicines Shortages (in relation to reuse).
- **Penicillin Allergy** – Chair of AMEAG and Deputy Chief Scientist developed and supported a series of activities for the RPS for Pen allergy day 28 September 2023. This included a Press release, a blog for the RPS website, and Allergy checklist for pharmacy staff - penicillin allergy checklist. Additionally, an abstract was penned and submitted to the European Congress of Clinical Microbiology and Infectious Diseases 2024 conference entitled "Debunking the myths around penicillin allergies - Specialists raising awareness through a media campaign"

## **2.7. Science and Research Committee and Expert Advisory Groups**

- **Science and Research Committee**
  - In-person meeting held on 09 November 2023 at the RPS' London Office (outcomes document found [here](#)). Discussions touched on the projects planned for each of SRC's sub-groups, including:
    - New Medicines, better medicines, better use of medicines: A Guide to the Science Underpinning Pharmaceutical Practice (Guidance document update)
    - Access of medicines via online sources: Campaign to raise awareness of the dangers of unregulated access to medicines without medical oversight
    - Pharmacy Research Communities of Practice: Improving Research Capacity and Capability Among Pharmacy Professionals
  - Dr Amira Guirguis was announced as the committee's incoming chair for the 2024-2026 term. The committee and Chief Scientist thanked Barrie Kellam for his work as SRC Chair between 2020 and 2023.
  - The recruitment of 6 new SRC members was announced on 09 November. The new members were selected by the RPS Chief Scientist and SRC Chair following selection and interview. All new members have received their formal appointment letter, and began their terms in January 2024. They are Olaolu Oloyede, Dr Ka-Wai Wan, Rachel Palmer, Prof. Delyth James, Mar Estupiñán Fdez. de Mesa, Dr Hend Abdelhakim
  - Next meeting to be held on 05 February 2024.
- **Antimicrobial Expert Advisory Group** – Meeting held on 28 September 2023. Next meeting date and time TBC.
  - Meeting minutes to be published.
- **Industrial Pharmacy Advisory Group** – Meeting held on 6 June 2023. The third IPAG meeting was cancelled. Next meeting date and time TBC.
  - Meeting minutes unavailable.

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<b>Title of item</b>	<b>Education and Professional Development, Assessment and Credentialing: Oct - Dec 2023 activities update</b>
<b>Authors of paper</b> <b>Position in organisation</b> <b>Telephone</b> <b>E-mail</b>	Helen Chang, Associate Director of Education and Professional Development <a href="mailto:Helen.Chang@rpharms.com">Helen.Chang@rpharms.com</a>  Joseph Oakley, Associate Director of Assessment and Credentialing <a href="mailto:Joseph.Oakley@rpharms.com">Joseph.Oakley@rpharms.com</a>
<b>Headline summary of paper</b>	Education and Professional Development, Assessment and Credentialing activities report October - December 2023
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting.
<b>Risk implications</b>	n/a
<b>Resource implications</b>	n/a

# **Education and Professional Development; Assessment and Credentialing activities update to National Boards**

## **1. Background**

Educational activity for 2023 largely focusses on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We are also focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum and preparing for 2024 where we will be delivering live credentialing assessments across the three levels of post-registration practice.

## **2. Summary of activity /achievements to date**

### **2.1. Students**

- We continued to engage positively with BPSA and have collaborated on sessions for the BPSA graduate conference in early 2024 (a new BPSA event). Development of a career's session is underway for the event.

### **2.2. Foundation training**

- We launched the RPS foundation trainee pharmacist webinars series for the 23/24 cohort. Three monthly webinars have been developed and delivered, which focussed on trainees' development throughout their Foundation year.

Over 430 trainee pharmacists registered for the events.

Initial feedback shows 98% of trainees would recommend the sessions to a colleague.

Webinar topics delivered in Q3 were:

- Key milestones
  - Medicines, ethics and practice
  - Clinical resources
- 
- Educators and plans were finalised for our RPS Revision Course programme, and will be launched in March 2024. All content development for the programme is underway. A calendar of 25 live webinar dates have been made available to allow trainee members to tailor their revision plan and attend a session on each of the following topics:
    - Cardiovascular system and nervous system
    - Endocrine system and infections
    - Calculations
    - Law and ethics
    - Minor ailments and common conditions
- 
- We continued to maintain stakeholder engagement and attended the NES Foundation training year meeting in November.
  - We worked with NHSE to scope out further improvements for the NHSE Foundation Trainee Pharmacist E-Portfolio which will be built and released in Q1 2024 (forms part of year 3 delivery of our 3-year contract with NHSE).

### **2.3. Mentoring**

- There continued to be good engagement on the mentoring platform in Q4 of 2023. We have 2132 registered users on our mentoring platform. 1792 mentees (1549 are active), 605 mentors (475 are active). 2916 mentoring requests have been made (785 are in progress and 599 marked as already completed)
- We celebrated National Mentoring Day by thanking our mentors for their contributions to RPS mentoring. We shared communications via email and social media; this seemed to contribute to an increase the number of mentees and mentors joining the platform.

### 2.4. Prescribing

- The Prescribing Support Pathway webinar series was launched in October to support newly qualified prescribing pharmacists. Both events in October and November were well attended and received over 97% on initial feedback polls. The remaining events are due to take place in January and February 2024.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
<b>October</b>	Passed your prescribing course, what next?	56	97%
<b>November</b>	Building confidence and autonomy in prescribing	84	100%

- A prescribing short life working group was recruited for and established between November and December to support all projects across the prescribing programme. The first meeting will take place in January 2024.

### 2.5. RPS Live

- In October - December we developed and delivered 2 webinars followed by a break in December.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
<b>October</b>	RPS and NALW webinar: Improving health and wellbeing through social prescribing	61	100%
<b>October</b>	Careers in the Pharmaceutical Industry	91	100%

- Development continued for future careers webinars and webinars with NICE and RCP.

### 2.6. Annual conference

The Education Team were responsible for content planning for the Annual Conference Programme. The theme of the conference was 'Working Together: Empowering the Workforce to Transform Patient Care', focusing on how teamwork and collaboration within and beyond pharmacy can drive improvement in the health and wellbeing of society. There were 4 content streams across the day:

- Working with patients as partners
- Working with the wider pharmacy and multidisciplinary team
- Collaborating with global partners
- Collaborating with industry and research partners

There was also an RPS Zone and a Wellbeing Zone which was a collaboration between RPS and Pharmacist Support. Furthermore, there were workshops running throughout the day:

- Credentialing – Identifying development needs for RPS Core Advanced Credentialing
- Research – How to write a publishable paper
- I&D – What does Sense of Belonging mean to you?

October:

- Continued to work closely with partner organisations on developing the programme.
- Meetings continued with speakers to finalise content for each content stream.
- Programme was finalised – all speakers, chairs and sessions confirmed.
- The final speaker and chair briefing packs were sent out.
- Abstracts were formatted and sent to IJPP for publication.

November:

- The annual conference was fully booked with 852 people attending on the day (634 in person and 218 online).
- There were 47 sessions throughout the day with 61 expert speakers across 5 separate content streams.
- 98% of attendees rated it as excellent or very good.
- 70 abstracts were published in IJPP at the end of the month.
- 141 posters were presented across the Research and Innovation Zones (111 in person posters and an additional 30 virtual presenters).

### 2.7. E-portfolio

- We have updated various pathways and programmes within our E-portfolio to improve the user experience and support a seamless transition journey across pathways/programmes. Improvements include standardising templates and forms, alignment of functionality and processes, and ensuring consistency in use of terminology.

### 2.8. Assessment & credentialing

- **Post-registration Foundation (PRF)**
  - We continue to engage positively with a growing number of HEI partners across England particularly about aligning their current post-graduate provision (specifically their diploma courses) against the RPS post-registration Foundation curriculum.
  - We delivered a proactive virtual stakeholder event for university partners to be delivered in Q4 2023 to try to build on this positive engagement.
  - The PRF e-portfolio submission and assessment functionality is presently being built by Axia the portfolio provider.
  - First PRF submissions as a pilot of approximately 20 candidates are expected from NES on the 17<sup>th</sup> of April and approximately 52 candidates in diet 2 on the 20<sup>th</sup> of May. Submissions from HEIW are due on the 3<sup>rd</sup> of June with approximately 31 candidates.
  - A webinar was run for PRF candidates in October 2023 and a further three-part webinar series are due to be delivered in January, February and March 2024.
  - The A&C team have engaged with Sunderland university to align their course curriculum to PRF and have requested to procure the RPS e-portfolio for their students.
- **Core Advanced**
  - There are currently 1375 users registered onto the Core Advanced e-portfolio (includes learners and supervisors)
  - We have had 40 candidates submit their portfolio for assessment. 38 candidates from cohort of the RPS/Centre for Advancing Practice/CPPE advanced pathway and 2 candidates from NES.

- To date, we have not received any portfolio submission from those pharmacists outside of the England-only funded pathway.
- A webinar on undertaking a learning needs analysis against the core advanced curriculum and support for the research domain was run in December jointly with CPPE. Two candidates who have successfully been credentialed at advanced level presented how they achieved the research domain evidence.
- The A&C team supported an RPS Ambassador event on credentialing at Cambridge Addenbrookes hospital.
- The A&C team continue to present to hospital trusts who have requested credentialing sessions for their pharmacists.
- The A&C team have engaged with and presented to the UK Renal pharmacists and BOPA groups to support with credentialing.
- The A&C team have engaged with Reading, Sunderland, Robert Gordon and Hertfordshire universities to discuss alignment of their programmes to core advanced.
- **'Specialist' advanced Curriculums**
  - The A&C team have worked closely with UKCPA and CHMP and actively ran several task and finish groups meetings to progress the critical care and mental health advanced curriculums ready for wider consultation at the end of January 2024.
- **Consultant Pharmacist post approval**
  - In 2023, the RPS has received 24 post approval applications.
  - 11 applications have been approved, with 5 being granted provisional approval. There are currently 9 outstanding outcomes. Post review has been significantly delayed because of reviewer availability given competing system pressures on their time.
  - The Education & Standards committee has recommended we write to the CPhO offices sharing our difficulties in securing reviewers for new consultant pharmacist posts. This letter will be sent out this quarter.
- **Consultant Pharmacist credentialing**
  - There are currently 1259 users registered onto the consultant pharmacist e-portfolio (learners, expert mentors & professional coaches).
  - To date in 2023, 24 portfolios have been submitted to undergo the credentialing assessment in the 2023/1 and 2023/2 assessment diets. These were comprised of 19 first time attempts and 5 second time attempts. The overall pass rate for 2023 is currently 63%.
  - The first submission window of 2024 will be 28<sup>th</sup> January.

## National Pharmacy Board meeting – February 2024

Title of item	Implementing Country Visions
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Cara Mackenzie, Alwyn Fortune, James Davies,
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Pharmacist Prescribing Environmental Sustainability Pharmacogenomics Reducing Health Inequalities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	



## Implementing Country Vision

### Pharmacist Prescribing (Laura/Heidi)

#### Highlights

- Following extensive engagement with members, RPS Expert Advisory Groups and key stakeholders, we have published our joint position statement on the separation of prescribing and dispensing / supply / administration
- We have published accompanying professional guidance to support our position statement on the separation of prescribing and dispensing / supply / administration.
- We are seeing increasing engagement with the prescribing RPS webpages launched on 2 October 2023, with 15,500 unique visitors to the prescribing home page in the first two months.
- 50 prescribing pharmacists applied to join the SLWG and the first meeting took place with the 10 members selected from across all sectors.

#### Next Steps

- We are considering and exploring what work we undertake in the area of DPPs starting with expanding the RPS mentoring programme to encourage more DPPs to sign up to assist trainees.

### Environmental Sustainability (Iwan/Elen)

#### Highlights

- Work is ongoing to develop a Greener Pharmacy Toolkit and Guides to support pharmacy teams working in community and hospital pharmacies to make their professional practice more environmentally sustainable.
- A joint RPS/RCGP Scottish Parliamentary reception was held to raise awareness and highlight the importance of environmental sustainability in healthcare.
- RPS staff and expert members met several politicians at a Senedd event to promote pharmacy's central role in reducing NHS carbon emissions.
- The RPS annual conference featured a session around the FIP's '*Development Goal 21*' that saw experts share their inspiring work focused on sustainability in pharmacy.

#### Next Steps

- Following consultation, the underpinning "words" are being refined by the lead author alongside the commissioning organisation NHS England.

- In parallel, the technology phase of the project is underway to finalise the technology requirements in preparation for the developing the electronic toolkit.
- Continue to align to and support the activity of the UK Health Alliance on Climate Change & to identify opportunities to advance policy recommendations.

### Pharmacogenomics (Cara/Alwyn)

#### Highlights

- We have submitted a proposal for a commissioned “competency framework for pharmacogenomics” to the National Genomics education programme with support of the NW/NEY Genomic Medicines Service Alliance
- Actively participating in the task and finish group to refresh the ‘Direct to Consumer Genomic Testing’ position statement in association with BSGM and RCGP

#### Next Steps

- If proposal is successful, to begin Phase 1 (project planning and requirements gathering) of the development of the competency framework
- Continue to participate and inform the refresh of the ‘Direct to Consumer Genomic Testing’ position statement
- Continue to support members with Pharmacogenomics resources and educational material

### Reducing Health Inequalities (James/Heidi)

#### Highlights

- Prescription charges in England is a key focus for us. We ran a survey jointly with PDA and PCC in Jan / Feb
- Rural Access to healthcare is a key focus in Scotland.
- We are exploring the issue of translation services and this will be discussed at board meetings in February

#### Next Steps

- We continue to advocate for prescription charges to be abolished
- We continue to advocate for PrEP to be available through community pharmacies

National Pharmacy Board meeting – February 2024

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Strengthening Pharmacy Governance (Wing/Elen/Laura)

#### Supervision (Heidi)

##### Highlights

- DHSC have published the consultation on Pharmacy Supervision and we will be responding to this
- We ran two member engagement events on this on 16 and 18 January. These were attended by 34 on Tues 16<sup>th</sup> January and 31 on Thurs 18<sup>th</sup> January.
- The topic was discussed at HEAG, CPEAG and PCPEAG

##### Next Steps

- Board members will discuss this consultation at the February board meeting
- We will draft a response to the consultation which will be shared with board members for consideration
- We will submit a response within the specified timeframe

#### Hub and Spoke

##### Highlights

- DHSC completed a consultation process in 2022 and are currently reviewing feedback from the consultation process.
- The RPS response is available from the consultations webpage <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2022-consultation-responses>

##### Next Steps

- Guidance and advocacy plans are on hold pending the Government's response to the consultation process

#### RP/SP/CP Guidance

##### Highlights

- There is an intention for professional guidance to support new legislation (under consultation) and new regulatory rules (consultation expected in 2024) around Responsible Pharmacist, Chief Pharmacist and Superintendent Pharmacist. This will aim to cover gaps appropriate for a Professional Leadership body to cover.

##### Next Steps

- Participation in RPS supervision engagement events to identify likely gaps

### Original Pack Dispensing

#### Highlights

- RPS valproate guidance updated in 2023 to include references to original pack dispensing  
<https://www.rpharms.com/resources/pharmacy-guides/valproate-and-the-pregnancy-prevention-programme>
- Digital Medicines, Ethics and Practice guide updated in 2023 to reference full pack dispensing for valproate containing medicines. Section 3.3.11

#### Next Steps

- Ongoing advocacy to influence activating the original pack flexibility for non-valproate medicines in England and Wales. (Original pack dispensing already in force in Scotland)
- Print MEP to be updated in July 2024 to capture valproate original pack dispensing status

National Pharmacy Board meeting – February 2024

<b>Title of item</b>	<b>Professional Issues</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, James Davies, Alwyn Fortune, Ross Barrow, Laura Wilson</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Artificial Intelligence (Fiona) Palliative Care (Darrell/ Elen) Digital Prescribing and Access to Records (Heidi) Medicines Shortages (James/Alwyn) Assisted Dying (Ross/Laura) Consultations List (Policy Leads)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Professional Issues (Policy Leads)

#### Artificial Intelligence (Fiona)

##### Highlights

- Digital Pharmacy EAG keen to support RPS to publish position statement
- Action Plan prepared and expert opinion secured to produce short position statement
- Base material for statement prepared by Dr Stephen Goundry-Smith

##### Next Steps

- Feedback from DPEAG on material expected at meeting Jan/Feb
- Focus group with RPS members to be arranged March
- Draft position statement expected to be developed by DPEAG April/May
- Present to Boards for approval in June
- Aim to publish position statement July 2024
- As Artificial Intelligence is evolving, policy work in this topic will continue to develop and inform any future standards and/or guidance

#### Palliative Care (Darrell/ Elen)

##### Highlights

- Daffodil sign ups now over 525 (including recent launch in Wledricks pharmacies in South Yorkshire)
- Training materials for new Community Pharmacy sign ups tested with Wledricks
- Short life working group established in Wales to agree how best to support implementation of Daffodil QI standards, including agreement of a Pharmacy undergraduate student project to support understanding of learning needs in community pharmacy team. Will be shared with other regions when complete.
- Segmentation of cohorts signed up has been started, so that communication can be better targeted
- Marie Curie 2023-24 contract signed

##### Next Steps

- Increased MC funding available in 2024 will allow greater implementation support at ground level
- Northern Ireland launch of Daffodil standards will happen early in 2024
- Collaborative working with RCGP and RCN to improve access to EoL medicines in care homes

- UCLE research group leading a Workshop on medicines access toolkit at the end of January 2024 (and start of a pilot programme)
- Short life working group on Palliative and EoL Care Policy refresh to be established with engagement across all 3 countries (Start March 2024-complete end of 2024)

### Digital Prescribing and Access to Records (Heidi)

#### Highlights

- We continue to advocate for pharmacist read and write access to patient records across all three countries
- We are monitoring progress and implementation of community pharmacy access to GP connect
- Drafted a position statement on digital capabilities to be shared with DPEAG for contributions and will then be shared with board members
- Developing a position statement on locum access to NHS mail

#### Next Steps

- Draft position statement on digital capabilities to be shared with boards and final sign off at June board meeting
- Develop a short position statement explaining the need for further investment in ePMA with input from HEAG and DPEAG
- Continued advocacy on read and write access to patient records

### Medicines Shortages (James/Alwyn)

#### Highlights

- Project plan in place with the aim to produce a collaborative and high-quality thought leadership report. The report will provide an evidence-based overview of the causes and reasons for medicine shortages and provide recommendations for the future in how to limit future shortages and how best to address any shortages when they arrive.
- Potential lead authors of the report approached externally

#### Next Steps

- Identify and recruit lead author of the report
- Commencement of literature review and initial scoping
- Nomination of the Task and Finish Group Chair
- Engagement with key external stakeholders



### Assisted Dying (Ross/Laura)

#### Highlights

- Liam McArthur MSP is expected to present a Member's Bill to The Scottish Parliament on Assisted Dying in 2024. The Bill would enable competent adults who are terminally ill to be provided at their request with assistance to end their life.
- Currently in Scotland, helping a person to die could lead to prosecution, and people do not have the ability to ask for medical help to die. In England and Wales, assisting someone to end their own life is a crime.
- RPS has taken a neutral stance on assisted dying, and it is our policy that any legislation in this area must stipulate explicit legal protection for pharmacists. There must also be a conscience clause, so pharmacists can decline to dispense for an assisted dying procedure on moral, ethical or religious grounds.

#### Next Steps

- A conscience clause cannot be contained within the Bill as this is not a competency devolved to the Scottish Parliament. This is because regulation of healthcare professionals is reserved to Westminster. Non-prosecution for healthcare workers is within the competence of the Scottish Parliament and is the explicit intention of the Bill.
- RPS Scotland is meeting with Liam McArthur MSP to discuss timings of legislation and to understand the full implications of the conscience clause being reserved to Westminster. It is our understanding that Liam McArthur is of the belief that conscientious objection is paramount. If conscientious objection cannot be guaranteed, RPS may need to consider whether we remain neutral on the Bill, or whether we should object to the Bill.

### Consultations List (Policy Leads)

#### Highlights

- 9 consultations responded to during the period November 2023 to February 2024. All our responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses>

#### Next Steps

- Drafting RPS response to the Pharmacy Supervision consultation
- Continue to respond to other relevant consultations

National Pharmacy Board meeting – February 2024

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>  <b>Position in organisation</b>  <b>Telephone</b>  <b>E-mail</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson James Davies</b>
<b>Headline summary of paper</b>	To give a progress update on the following areas:-  Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) Workforce Numbers (James) I&D (Aman) Differential Attainment (Aman)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

### Workforce

#### Workforce Wellbeing (Heidi)

##### Highlights

- The 2023 survey was completed by 1,273 people
- A draft report has been shared with board members for comment

##### Next Steps

- The report of the 2023 survey will be published in early February
- A second workforce wellbeing roundtable will be held on 29 February
- We will continue to advocate for protected learning time

#### Access to DPP (Heidi/Laura)

##### Highlights

- SBAR produced on DPP matching service
- Taken to prescribing steering group for consideration, comments and input the group agreed that finding a DPP is a major challenge, especially in the community sector and feel that DPPs need more support

##### Next Steps

- We are considering and exploring what work we undertake in the area of DPPs starting with the expanding of the RPS mentoring programme to encourage more DPPs to sign up to assist trainees.
- It is expected that a central database may not be workable but instead they felt that the RPS can play a role in building confidence and providing training for DPPs

#### Workforce Numbers (James)

##### Highlights

- Long-Term workforce plan in England continues to be developed to consider the increase in places on pharmacy courses. This has been delegated in responsibility to ICBs to help manage.
- We continue to advocate for access to Learning Support Fund to help support students on placements.

##### Next Steps

- Community Pharmacy England workforce survey due to be published in Q1 to gather further workforce data. The equivalent data capture was carried out in Scotland in September 2023.

- We will be monitoring the workforce data that continues to be published.

### Inclusion and Diversity

#### Highlights

- Conducting Equality Impact Assessments for Mental Health and Critical Care curriculums.
- First ABCD meeting of the year is to be held on 8<sup>th</sup> February with a focus on celebrating LGBTQIA+ history month.

#### Next Steps

- Meeting with key stakeholders to arrange profession wide celebration events including International Women's Day, South Asian Heritage Month and Black History Month.
- Drafting an updated inclusion and diversity strategy for 2024 based on the findings from the profession wide survey and focus groups undertaken in 2023.

### Differential Attainment (Aman)

#### Highlights

- The differential attainment report has been published

#### Next Steps

- To set up smaller action groups to take forward the key actions from the report
- To continue promotion of the report and encourage the profession to change their practices.