

## Welsh Pharmacy Board Meeting 28 April 2016

## OPEN BUSINESS

Meeting to be held on Thursday 28 April 2016 from 9.30 a.m. to 4.30 pm at 2 Ash Tree Court, Cardiff Gate Business Park, Cardiff, CF23 8RW

Open Business will be held from 9.30am to 3.00pm

Confidential Business will be held from 3.00pm to 4.30pm

Please note: Regarding agenda items that are for noting, members of the Welsh Pharmacy Board are requested whenever practical, to raise questions with the appropriate person outside of the meeting, so that only matters of substance need to be dealt with at the meeting.

### OPEN BUSINESS AGENDA

Item number and start times	Subject	Purpose	Related papers/ slides	Objective	Item led by
1 (9:30)	Welcome	For information	No paper	Welcome and introductions to members and guests <ul style="list-style-type: none"> <li>Duncan Rudkin, Chair of GPhC</li> <li>Darren Hughes, Wales Director, GPhC</li> <li>Tim Banner, Consultant Pharmacist - Community Healthcare LHB</li> </ul>	Chair
2	Apologies	For information	No paper/Verbal address	To note apologies. Mike Curson and Ash Soni	Chair
3	Declarations of Interest	For information	Item 16.04/WPB/03	The Welsh Pharmacy Board (WPB) is reminded that each member is personally responsible to notify the Secretary to WPB of any amendment to their register of interests	Chair

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4	Minutes	For approval	Item 16.04/WPB/04	To approve minutes from the previous WPB Meeting on 4 Feb 2016.	Chair
5	Matters Arising	For Noting	No paper	Matters arising from the Open Business part of the minutes not specifically included in the agenda	Chair
6	Call for any other business	For Noting	No paper	Any items not already notified to the office should be confirmed now and will be taken at the end of the meeting.	Chair
7.1 (10.15)	Leadership in Wales - Welsh Directorate Update	For Noting	Paper 16.04/WPB/07.1	To provide an update on the Welsh Directorate activities in the last quarter.	Mair Davies
7.2 (10.30)	Chair's update	For noting	Verbal update	To note Chair's update including an update from the Assembly.	Chair
7.3 (10.45)	Communications Strategy 2016	For discussion and approval	Paper 16.04/WPB/07.3	To present RPS Wales communication strategy 2016	Jason Bartlett
7.4 (11.00)	Local Practise Forum (LPF) Strategy	For discussion and approval	Paper 16.04/WPB/07.4	To present the LPF strategy	Jodie Williamson
7.5 (11.15)	Consultation updates and key policy statements formed by consultation responses	For discussion	Paper 16.04/WPB/07.5	To update the Board on recent consultation responses submitted by RPS and the WPB and the key policy statements contained within these responses.	Elen Jones
7.6 (11.30)	Public Affairs Update	For Noting	Paper 16.04/WPB/07.6	To update the Board on public affairs activity during Q1 and to outline proposals for action following the Welsh Election on 5 May 2016	Ross Gregory
8. (11.45)	RPS 6th Annual Medicines Safety Conference	For discussion and decision	Paper 16.04WPB/08	To update the Board following the first working group meeting to discuss the conference programme.	Ross Gregory

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9. (12.00)	General Pharmaceutical Council (GPhC)	For information and noting		To provide an update on the work of GPhC to date Duncan Rudkin and Darren Hughes, Chair and Director for Wales	Duncan Rudkin and Darren Hughes
<b>12:30 – 13:15 Lunch (45 minutes)</b>					
10. (13:15)	Update on Care Homes	For noting and decision	Verbal Update	To provide an update on the Care Homes campaign To agree Medication Review and Dementia Homes	Tim Banner
11. (13:45)	Information Management and Technology in Wales	For noting	Verbal Update	To provide a brief verbal update on IM&T in Wales	Cheryl Way
12. (14:00)	RPS Conference update	For noting and discussion	16.04/WPB/12 (to follow)	To provide an update on the conference programme and activities	Richard Evans
13. (14:10)	Matters to report	For noting and discussion	16.04/WPB/13i 16.04/WPB/13ii	i) Professional Development and Support including Science and Research and Faculty Update ii) Website Re-Development	Chair
14. (14:20)	Key Messages from meeting	For Agreeing		Board to agree key messages to be published to members	Chair
15. (14:25)	Date of Next Meeting	For Noting		To note the upcoming meetings; WPB Induction and Development Day - 20 June 2016 WPB Meeting Day – 21 June 2016	Chair
16.	The following items are circulated for information	For Information		Open Business Agendas; <ul style="list-style-type: none"> <li>Scottish Pharmacy Board Meeting –13 April 2016</li> <li>English Pharmacy Board Meeting –20 April 2016</li> </ul>	
<b>Close of meeting at 14:20</b>					

**There will be a 10 minute refreshment break before commencing the Confidential Business meeting.**

**WELSH PHARMACY BOARD****Declarations of Interest****Suzanne Scott- Thomas**

Chief Pharmacist Medicine Management Lead, Merthyr and Cynon, Cwm Taf Health Board  
Member of Welsh Pharmacy Board, RPS  
Member of the Guild of Hospital Pharmacists  
Member of Assembly, RPS

**Paul Harris**

Wales External Relationships Pharmacist – Boots UK  
Receive an honorarium from the Company Chemists Association  
Chair of Welsh Management Group of the Company Chemists Association  
Vice Chair of Welsh Pharmaceutical Committee  
Community pharmacist representative on the Health Professional Forum for ABUHB  
Member of steering group of Aneurin Bevan LPF

**Robert Davies**

Intermediate Care Pharmacist – Betsi Cadwaladr University Health Board  
Occasional lectures given for WCPPE or Glyndwr University  
Occasional consultancies- 3i consultancy/ Noel Staunton  
Primary Care Pharmacy Association  
Wife works for a medical communications agency working with the pharmaceutical industry  
Daughter is a Foundation year 2 doctor

**Richard Evans**

Community Pharmacy Locum  
Health Promotion Activities with Welsh Government  
Director of Llandysul a Phont-tyweli Ymlaen Cyf  
Member of Welsh Pharmacy Board, RPS  
Member of the Pharmacists' Defence Association  
Member of the Pharmacists' Defence Association Locum Group  
Occasional media work  
Member of Hywel Dda Local Practice Forum (LPF)  
Finance Lead of Hywel Dda Local Practice Forum

**Fiona Jones**

Co-owner/Director of Moelwyn Pharmacy Ltd  
Locality cluster clinical Pharmacist Prescriber  
Member of Goggled Cymru Local Practice Forum  
Member of Pharmacist Defence Association (PDA)  
Member of Welsh Pharmacy Board  
Member of Faculty-Advance Stage II

**Cheryl Way**

Principal Pharmacist, Cardiff and Vale University Health Board  
National Pharmacy and Medicines Management Lead, NHS Wales Informatics Service  
Chair, National Association of Women Pharmacists, Cardiff Branch since 2007  
Member, Welsh Chief Pharmacists' Committee  
Member, Cardiff & Vale Local Practice Forum Steering Group  
Chair of the NHS Wales Informatics Service Medicines Transcribing and e-discharge Project Board  
Member of the NHS Wales Informatics Service Welsh Clinical Portal Programme Board  
Member RPS IM&T Strategy Group  
Member Guild of Healthcare Pharmacists  
Post-Graduate Diploma in Clinical Pharmacy Cardiff University

**Mike Curson**

Senior Primary Care Pharmacist, ABUHB  
Deputy Member of All Wales Prescribing Advisory Group  
Member of ABUHB Medicines and Therapeutic committee  
Trustee Director of Welsh Football Trust  
Member of Aneurin Bevan Local Practice Forum

**Karen Hodson**

Senior Lecturer (Teaching and Scholarship), Cardiff University  
Programme Director for the MSc in Clinical Pharmacy  
Programme Leader (PHRM) for Non-Medical Prescribing, Cardiff School of Pharmacy and Pharmaceutical Sciences, Cardiff University.  
Postgraduate Supervision  
Member of Board of Examiners and Management Committee for Wales Centre for Pharmacy Professional Education (WCPPE) accredited courses  
Member of the Undergraduate Board of Studies (UGBoS) and Board of Examiners  
Personal tutor to MPharm students  
Assessor for the BPSA counselling competition  
Member of the SIMS Implementation Group  
British Pharmacology Society: Prescribing Skills Assessment  
Welsh Chief Pharmacists Group - Patient Quality and Safety Sub-committee  
Welsh Chief Pharmacists Group: Education, Training and Development Sub-committee  
Member of the Task and Finish Group for Modernising Pharmacy Careers (Wales) – work stream 1  
Member of the Task and Finish Group for Research Workforce Development (2013 - );  
Member of the All Wales Research Strategy Development Steering Group  
Member of Steering committee for Welsh Medicines Resource Centre  
Member of South East Wales Health Services and Delivery Research group – a collaboration between the NHS and academia  
Member of General Pharmaceutical Council;  
Member of United Kingdom Clinical Pharmacy Association;  
Member of International Pharmaceutical Federation (FIP);  
Member of Academic Pharmacists Group;  
Member of Institute of Leadership and Management (ILM).

**Phil Parry**

Superintendent Community Pharmacist  
Managing Director, E.P Parry Pharmacy  
Member of Welsh Pharmacy Board, RPS  
Member of Community Pharmacy Wales Mid West Regional Committee  
Vice Chair of Hywel Dda Health Board, Health Professionals Forum  
Member of Hywel Dda Local Practice Forum (LPF)  
Member, Hywel Dda Clinical Services Strategy Implementation Board

**Gareth Holyfield**

Principal Pharmacist, Public Health Wales NHS Trust  
Honorary Lecturer, Welsh School of Pharmacy  
Member of Welsh Pharmacy Board, RPS  
Member of Aneurin Bevan Local Practice Forum  
Member of Guild of Healthcare Pharmacists

**Minutes of WPB Board Meeting held on Thursday 5<sup>th</sup> February 2016**

**Present:** Suzanne Scott-Thomas (Chair); Mike Curson (MC); Gareth Holyfield (GH); Phil Parry (PP); Richard Evans (RE); Fiona Jones (FJ); Cheryl Way (CW); Rob Davies (RD).

**In Attendance:** Mair Davies (MD), Director for Wales; Helen Gordon (HG) (from 10.25am) CEO; Angela Grant (AG) Business Manager (minute Taker); Ross Gregory (RG), Health Policy Analyst; Elen Jones (EJ), Principal Policy Advisor; Jason Bartlett (JB), Membership Engagement and Communications Manager; Alan Hughes (AH), Gogledd Cymru North Local Practice Forum Steering Group Lead (observing); Howard Duff (HD), Director for England (part via teleconference); Karen Hodson (KH)(observing- part); Chris Martin (CM), Chair of PPIG (part); Professor Jayne Lawrence (JL), RPS Chief Scientist (via teleconference – part).

**Apologies:** Ash Soni (AS), President, Paul Harris (PH), WPB Vice Chair; Sandra Gidley (SG), Chair of English Pharmacy Board; Sultan ‘Sid’ Dajani (SD), English Pharmacy Board member

Item number and heading	Related paper/s	Notes and actions	Action by	Status
16/01 <b>Welcome &amp; Introduction</b>		The Chair wished everyone a Happy New Year and welcomed everyone to the meeting. She informed that Helen Gordon, will be joining the meeting later on in the day and Howard Duff will be ringing in via video conference to take the Falsified Medicines Directive agenda item a little bit later on the day.		
16/02 <b>Apologies for absence</b>		Apologies were received from Ash Soni, President, Paul Harris, WPB Vice Chair; Sandra Gidley, Chair of English Pharmacy Board; Sultan ‘Sid’ Dajani, English Pharmacy Board member		
16/03		i) The Chair informed the Board that due to Chris Martin’s prior commitment, his item will be taken first on the agenda.		

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An update on the work of NHS Wales Prudent Prescribing implementation Group (PPIG) and the Bevan Commission		ii) Chris Martin (CM) introduced himself and explained that following his retirement as Chairman of Hywel Dda University Health Board, he still holds many other roles, as the Chair of PPIG, Deputy Chair of Bevan Commission, Lead on Innovation and Palliative Care, Chair of Community Pharmacy Remuneration Group, Chair of Health Innovation Cymru Wales as well as a Fellow of RPS.		
		iii) CM reported on the work of PPIG and <b>agreed</b> to share a copy of the recent PPIG report along with the letter to the Health Minister to WPB.	CM	Completed
		iv) CM provided further information on the work of the Bevan Commission and Bevan Academics and Pharmacist Fellows. Chris <b>agreed</b> to share the list of Pharmacist Fellows with RPS once approved by the Bevan Commission.	CM	completed
		v) Board were encouraged to visit the Health Innovation Cymru website and a plea was put forward for the profession within Wales to move forward with one voice. The Board supported this way forward and will continue to actively work with other pharmacy bodies.	WPB	completed
		vi) Chair queried the work on managed repeats and how RPS and Bevan Commission could work together. CM suggested for RPS to contact Dr. Brian Hawkins and Sue Murphy to support the work of RPS which is led by Elen Jones.	EJ	completed
		vii) Board discussed the issue and challenges to use One Voice within community pharmacy, clusters, independent prescribing and how market forces and Local Health Board who have their own priorities that could impinge on pharmacist workforce.	MD	ongoing
		viii) The Chair endorsed the One Voice of pharmacy approach which is very much valued and suggested that RPS will be fully supportive and continue to work together in particular with Bevan Commission and their patient groups to have a patient voice.	MD	completed
		ix) Board was asked to note that there will be a meeting where RPS has been invited for the meeting on the 19 Feb.		



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		x) CW informed that NWIS is developing an Emergency Medicines Supply model which gives community pharmacy access to GP patient summary records , funded by Health technology fund money. It is to be piloted in April and rolled out throughout Wales in the next two years. There a still a lot work to be done and support from Local Health Boards to commission all the services. CW <b>agreed</b> to send a short email explaining the current IM & T work in Wales to be shared with the WPB and those attended the meeting.	CW	completed
16/04 <b>Declaration of Interest</b>	16.02/WPB/03	Board members were reminded that as part of the governance process, each member should notify the Welsh Office, AG of any amendments to their register of interest. It was highlighted that this paper needs updating annually so even if there are no changes, Board members are required to re-submit their form to AG.	WPB	ongoing
16/05 <b>Minutes of the Open Business of the Welsh Pharmacy Board meeting held on 15 Oct 2015</b>	16.02/WPB/04	<p>The Welsh Pharmacy Board received and <b>approved</b> the minutes of the open business meeting (item 16.02/WPB/04) held on 15 Oct 2015 and confirmed it as a true record of the meeting subject to the following amendments:-</p> <p>15/68 - Jodie Williamson was congratulated on her appointment with RPS and with her change in her role this item has not been picked-up. The Chair queried if there is a need to have a Board representative to liaise with BPSA. Elen Jones stated that there is no need at present to have a specific representation however Board members were asked for their support to attend the upcoming BPSA conference and further information will be circulated to the Board.</p> <p>15/69 - Your care Your Medicines (YCYM). Chair will follow-up on this by speaking to PH in the absences of WPhC Chair, Bethan Tranter.</p> <p>MD informed Board that RPS was due to meet with Richard Lewis, Director of Primary Care, however were not able to due to meeting at the WPhC. Mair asked with Board's agreement,</p>	<p>WPB</p> <p>JW/EJ</p> <p>Chair</p> <p>MD</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

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		<p>for RPS to attend the next meeting with WPhC as One Voice and YCYM is a priority for both bodies. The WPB agreed that this is a prudent way of joint working.</p> <p>15/71 - Pharmacist Support will now be pick-up by Jason Bartlett and Jodie Williamson that they are now in post.</p> <p>15/101 – some typo error to be noted as follows;            Datex to read Datix            b) ii – Sarah Rochiera to read Sarah Rochira            b) ix – WIGBI to read WIGB</p> <p>15/102 - Medicines Safety Conference            Chair thanked everyone for a very successful conference last year and asked everyone to start thinking about the theme for this year. Board were asked for the working group membership to be reviewed considering the expertise of new Board members who have recently joined the Board.</p>	<p>JB &amp; JW</p> <p>AG</p> <p>RG</p>	<p>Ongoing</p> <p>completed</p>
16/06 <b>Matters arising from the Open Business of the Welsh Pharmacy board meeting that is not specifically included in the agenda</b>		There were no matters arising from the Open business of the WPB meeting that is not specifically included in the agenda.		
16/07 <b>Any other Business</b>		<p>The following items were noted under any other business and to be discussed later in the meeting:-</p> <ul style="list-style-type: none"> <li>i) Short life working group</li> <li>ii) Science group representative for WPB</li> <li>iii) RPS Conference report</li> <li>iv) Faculty report</li> </ul>		

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16/08 <b>Leadership in Wales</b>	16.02/WPB/08	<p>a) Welsh Directorate Update</p> <ul style="list-style-type: none"> <li>i) MD reported that following the operational challenges, all the business plan activities in 2015 were achieved apart from engagement with the public and patient. Public engagement has not been included in the 2016 business plan but RPS will incorporate within each part of the plan as appropriate. Board was asked for suggestions on how best to engage with the public and if there are models out there that they are aware of, WPB to be feedback.</li> <li>ii) MD continued by thanking the very few staff who were in RPS in 2015 for all their hard work. The Chair and Board members fully endorsed Mair's compliment. MD explained that with a fully complement of staff in 2016 and with her new role, there are opportunities to review the team and different ways of working but never the less will be taking things prudently.</li> <li>iii) Board was asked to note that one additional item has to be included in the 2016 Business Plan which was not identified by the Welsh Board initially that is the Welsh Language work stream.</li> <li>iv) MD reported on the ongoing progress with the many working groups that RPS Wales currently sits on and stressed that there is a need to review on the outcome of the groups rather than just the participation. Clinical pathway group is currently looking for a representative from RPS Wales and MD informed that it has gone to WPhC and due to the very short turnaround time, Judith Vincent is looking into this for RPS.</li> <li>v) Choose Wisely Wales (CWW) being one of the working group, MD felt the group requires a representative with specific clinical knowledge and this would best</li> </ul>	MD	
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		represented by Dr. Brian Hawkins who has agreed to represent RPS. Board agreement was sought and the WPB fully supported the decision.	MD/ WPB	
		vi) The CCW group requires RPS to forward approximately 5 interventions relating to medicines that we should not be doing or should only do in certain circumstances. (e.g. prescribing of antibiotics in sinusitis). All the Royal Colleges on CCW have been asked to do this and the steering group will prioritise these for action in Wales. Ideally the group wants suggestions that have gone through a patient and public forum so as to get initial buy in. The next meeting of the steering group is on 14th March.	MD/ WPB	
		vii) The WPB has <b>agreed</b> to form a virtual working group to discuss and come up with suggestion by 7th March with working group representatives from Mair as the coordinator and participation from the Chair, RD, FJ, PP and MC. It was agreed that all agreed thoughts and ideas will be collated and process through to the group via Brian.	MD	
		viii) Board member sought RPS's position on the work towards becoming a Royal College. HG explained that the scoping work is still on going and that this will happen but it is only a matter of timing. However, the WPB's view on the matter is encouraged to help to better understand and formalise the way forward. The scoping work will also be looking at the issue of RPS being perceived as being in the pharmaceutical industry rather than pharmacy.	MD	
		ix) MD informed that the Unscheduled Care Clinical Reference Group is currently represented by Tim Banner for RPS. Relevant papers were circulated to WPB on Friday email for the meeting he attended on 3rd Feb however, Board have asked for the papers to be recirculated.	MD	Completed

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		<p>x) MD also reported that RPS sits on the Care Homes Steering Group where there are two groups of workforce planning and best practise groups with EJ sits on one and Tim Banner sits on the other. There is a consultation out from “Mwy Na Geiriau” (More Than Words) looking at welsh language which RPS will be responding to. EJ explained that a draft consultation will be circulated to WPB for comments.</p> <p>xi) Alan Hughes commented that the All Wales Prescribing Group have commissioned a project to setup welsh language supplementary label in the British National Formulary (BNF) and the March edition of the BNF will have both English and Welsh supplementary labels. This edition is currently live on the Medicines Complete website and that is worth looking into. Board was asked to promote this achievement and MD have asked Jason Bartlett to look into the communication’s angle from RPS. The Chair supported the need to promote the welsh language supplementary labels and asked EJ to ensure it is promoted on the RPS website.</p> <p>xii) MD introduced the overarching Business Plan 2016 which will have all the key performance indicator (KPI) and the impact on reputational voice. As not all the work streams produces profit or membership, the Executive team are currently working on how to measures impacts and have direct influence on reputational voice of a professional membership body. Board was informed that the plan will be discussed in detail at WPB working day in March and will be used to report back to the WPB with Red, Amber and Green (RAG) rating to track progress.</p> <p>xiii) Board raised concerns that there are quite a lot to achieve on the business plan and queried whether the plan is to be delivered solely by the Welsh staff and Welsh Board or will there be central support through a memorandum of understanding (MoU). MD explained that there is no formal MoU but she is certain when help has been requested there has been support. HG assured that the central support from the</p>	<p>EJ</p> <p>EJ</p> <p>MD</p>	Completed
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	16.02/WPB/08b	<p>professional leadership group is there for the whole of RPS and is in line with the strategic themes. Should there be a MoU internally, there will be more time spent managing the MoU rather than having an understanding on collaborative working.</p> <p>b) Chair's Update</p> <p>The Chair highlighted several key points from her report and acknowledge the success of the 5<sup>th</sup> Annual Medicines Safety Conference and the launch of the RPS Manifesto document. The Chair voiced that it is felt that RPS are starting to work as one voice with organization such as CPW and GPhC with common themes.</p> <p>Sitting on WIGB, the Chair reported that the National Information Integrated Audit System (NIIAS) will be used to audit the access to patient records therefore the governance on this are currently being looked. Board queried the issue regarding access for community pharmacy technician in Wales and if this issue would be appropriate to be raised with the WIGB group. The Chair agreed it is a very important point but felt this was not the right time. RPS could use the PPIG umbrella to promote a better understanding of the role of pharmacist as it is felt that there is still a need to have a better understanding of the role of pharmacist in every aspects particularly with new emerging roles. It was agreed that bodies such as CPW should be consulted when RPS take it forward as a one voice.</p> <p>The Chair reported on the Error Reporting Task and Finish groups and informed Board that Lynette James, All Wales Medicines Safety consultant pharmacist, is currently developing a survey to understanding a base line of the culture for error reporting and learning in Wales across all the pharmacy sectors and the proposal will go to the group before it goes out in April once it has been agreed.</p>	Chair	
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		<p>MD to circulate the report completed for WPhC on the development of the group.</p> <p>It was reported that following WPB agreement on the Faculty position statement, the first action learning set session for the Board was also completed. A Faculty champion day was being held in the Royal Glamorgan Hospital in Wales with approximately 15 attendees and encourage Board members to continue with their journey. MD reported that there has been much debate at the recent Scottish Pharmacy Board as well.</p> <p>Following the Chair's report on the outcome of her recent meeting with a LHB CEO, Board raised concerns that the pharmacy profession should not only detail outcomes in the financial or efficiency currencies as suggested. There is a need to look at the profession as providing quality and safety as key on the agenda. MD requested that any evidence to be sent back to her in support of quality and safety agenda for the professional body to take forward.</p> <p>c) Information Technology</p> <p>CW provided a verbal update to the Board informing them that the money has been obtained for the rollout for Choose Pharmacy platform to 350 pharmacies across Wales over the two years from April. This is in addition to the ones that they already have with the Choose Pharmacy DMR systems. The criteria is yet to be finalised on how it will be done but it will be largely be down to how the LHB is going to commission. The auditing of NIIAS will also need to be undertaken. The MTEC discharge is also being rolled out across Cwm Taf and Cardiff.</p> <p>There is also a big piece of work with Welsh Government on obtaining finances for replacing the hospital pharmacy system and introducing electronic prescribing system. It expected that the business case will be completed in the next couple of</p>	MD	Completed
			WPB	

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		<p>months which will then go out to tender. It will be implemented into pharmacies in 2017/18 and the actual rolling out of the electronic prescribing in 2018 onwards depending on the LHB.</p> <p>CW <b>agreed</b> to provide a written update to be shared with WPB</p> <p>d) RPS Wales Member Communications</p> <p>Jason Bartlett, Membership Engagement and Communications Manager provided a brief verbal update on where the LPFs are in Wales. The first meeting with an LPF has been arranged with further lined up with the other LPFs. MD informed that Jodie Williamson and JB who are now doing job share, will be looking at developing a strategy that will be shared with the WPB at the next meeting.</p> <p>HG informed that the Executive team will be looking at the LPF processes, now five years on, if the LPFs have progress and have made an impact particularly considering the value for money for members.</p> <p>Alan Hughes commented that due to geography between south and north, there is a need to look at how best to cascade plans and to think ahead in incorporating the various LPF in Wales.</p> <p>e) Public Affairs Update</p> <p>RG, briefed the board on the policy vision work, the influencing activities and the reputation and profile activities in 2015. The Chair sought clarity on the survey comparison referring to or being grouped as a pharmaceutical industry, how could RPS predict who are our key party and who should be RPS be targeting.</p>	<p>CW</p> <p>JB/JW</p>	Completed
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	16.02/WPB/08e Appendix 1	<p>WPB discussed the survey results and <b>agreed</b> that there is a need to seek further clarity where RPS sits in the industry and not to be categorised in the pharmaceutical industry which is not a direct comparison with other Royal Collages. The Chair stated that the issue of who we are and how we should perceive ourselves should be explored further with a view in line of the Royal college, to have a mandate for the Assembly going forward.</p> <p>The Board also asked for some information regarding who their local AM that they can engage leading up to the coming election. RG agreed to provide this information.</p> <p>Discussion took place on the proposed public activities in 2016 and WPB <b>agreed</b> in principal to support the proposal from the PA steering group but was very cautious proposal to establish a Cross Party Group on Pharmacy. Board felt that there is a danger of cross purpose with other groups and there is a need to explore further on the purpose of the group with an aim of having one voice.</p>	RG/ MD	
16/09 <b>Consultation updates and key policy statements formed by consultation responses</b>	16.02/WPB/09 a) and b)	<p>a) <b>Homeopathy</b></p> <p>Professor Jayne Lawrence joined the meeting via teleconference and contextualised the issue regarding the homeopathy from a science perspective and RPS's role in responding to the consultation. JL explained that from science perspective, the evidence based on homeopathy is very weak and there is no scientific basis for homeopathy. However, it is recognised that some patient with the right consultations finds it beneficial as a placebo effect. Board was asked to be aware of the campaign from "Good Thinking Society" who have agreement from the department of health for homeopathy treatment be added to Schedule 1 i.e. it will be on the black list. This will mean NHS doctors will not be able to prescribe homeopathy products going forward. RPS has to have a very clear stand on their decision and respond to the consultation.</p> <p>The WPB discussed in details on the issue and <b>agreed</b> the followings;</p>		

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		<p>i) RPS does not endorse homeopathy product as a form of treatment that should be available on the NHS therefore should be black listed and not prescribed or funded.</p> <p>ii) RPS should keep status quo with current policy and keep the website guidance.</p> <p>iii) There is a need to explore further the Quick Reference Guide by strengthening the wordings but not out-right that it shouldn't happen. Call for evidence on placebo effect or the value which Prof. Jayne Lawrence will try to find further scientific evidence.</p> <p>iv) The WPB felt that pharmacist should not sell homeopathy products and that pharmacist should act autonomously.</p> <p>v) RPS consultation should be fed back to WPB for approval</p> <p>vi) The issue regarding MHRA and the licensing for homeopathy products as medicines will need to be addressed.</p> <p>Board queried the issue on evidence base of OTC (particularly P) medicines used for self-care and OTC prescribing, a different form Homeopathy. There is a described 'mode of action' for most medicines but possibly no strong evidence base for efficacy if measured by the normal attributes of Mortality. Morbidity, duration of illness, etc. Board had previously asked for some information from Dr Catherine Duggan and/or Professor Jayne Lawrence but as yet to receive any feedback.</p> <p>It was suggested that pharmacist should be able to have honest discussions with patients about the medicines we provide. Also there is a need to have some guidance as Community Pharmacists about the other aspects of effectiveness such as how effective they are as palliatives.</p> <p>The Chair asked Phil Parry to raise the evidence based issue with Professor Jayne Lawrence to obtain response and share with the Board.</p>	<p>EJ/MD /Chair</p> <p>JL</p> <p>EJ/ WPB</p> <p>PP</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
		<p>b) <b>Community Pharmacy Managed Repeats Prescription Services.</b></p>		

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	16.02/WPB/09b appendix 1 & 2	<p>Discussion took place on the revised policy guidance however it appears that not much feedback has been received so far since the policy has been developed for the last 18 months.</p> <p>The Welsh Pharmacy Board <b>agreed</b>;</p> <ul style="list-style-type: none"> <li>i) To the paper as it stand but asked to seek advice from PPIG board through liaison with Dr. Brian Hawkins and Sue Murphy before agreeing a final version.</li> <li>ii) To consider adding a separate section specific to Wales similar to Scotland's version.</li> <li>iii) To review the policy document as a matter of priority and send any comments to Elen Jones before Board's next week's teleconference.</li> </ul>	EJ	Completed
	16.02/WPB/09b	<p>c) <b>Principals of Medicines Supplies</b> WPB discussed the high level principals set out in Appendix 1 and considered who would volunteer from the Board to be involved in a working group.</p> <p>The Welsh Pharmacy Board <b>agreed</b>;</p> <ul style="list-style-type: none"> <li>i) that the papers to be re-circulated on the Friday email for further consideration and discuss at the next Board teleconference.</li> <li>ii) For the Chair on the managed sector, Rob Davies, Karen Hodson, Phil Parry, Mike Curson and Fiona Jones to be involved in the working group to capture all comments with an aim to setup the working group for the next steps and complete the work within the next month.</li> <li>iii) To include the term patient advocacy into the consultation response.</li> </ul>	AG/EJ EJ	Completed
	16.02/WPB/09b	<p>d) <b>Pharmacist prescribing</b> WPB discussed if there is a need to have Welsh input and be part of GB document. Role of pharmacist and prescribers were also discussed and it was felt that the current paper is very Anglo-centric therefore there is a need to explore solutions in Wales to incorporate into the GB paper.</p> <p>The WPB <b>agreed</b> to send comments to EJ and for EJ to form a working group including RD and PP to collate all feedbacks.</p>	EJ	

## OPEN BUSINESS

16/10 <b>National Pharmacy Board Election 2016</b>	16.02/WPB/10	<p>The Chair asked Board to note the paper sought their support to promote the election to the wider network. Board was reminded that it is their responsibility as Board members to encourage nominations and to support candidates who want to know what to do and how they can contribute to the profession as well as to their self-development.</p> <p>Board discussed the election and nomination process and sought clarification on the period of office for Mike Curson and Fiona Jones who were elected to the Board last year as well as the recent election places for 2016 places.</p> <p>AG explained that both Fiona and Mike's nominated roles that filled in the casual vacancies arising from the failure to fill through the normal election process, is for the period of three years as the original elected person's term would have ended. Board was asked to note appendix Y of the Governance Handbook.</p>		
16/11 <b>Matters to Report</b>	16.02/WPB/11i) and 11ii).	<p>RD gave a brief update from his recent attendance to the Faculty Champion event in London. He reported that the relaunch of the Faculty champion will be in a more structured approach and there were some good discussion of RPS Wales and Cwm Taf innovations, the need to have sessions on faculty resources available with structured faculty champions programme going forward. There was emphasis on encouraging every champion to mentor at least 1 new member. There was also discussion regarding how to market the Faculty, its benefits and costs to members.</p> <p>The Chair was also congratulated on being awarded Fellow of Faculty.</p>		
16/12 <b>Any other business</b>		<p>The Chair took the following items,</p> <p>i) Launch of Care Homes policy document EJ informed the Board that the Care Home policy document will be launched on the 1st March and Board members were encouraged to the event.</p>		

## OPEN BUSINESS

		<p>ii) WPB representation for science group as requested by Linda Hake of the Assembly. It was <b>confirmed</b> that Karen Hodson will represent the Board on Science.</p> <p>iii) Short of Life working group Board was informed that a short of life working group is currently being setup centrally so Board has been asked for volunteer to participate. It was <b>agreed</b> that PH and PP to represent the WPB.</p> <p>iv) RPS Conference – RE provided a brief verbal update on the conference committee's progress for this year's conference. Chair asked what is the WPB's involvement in the conference and how best to get Wales representation at the conference? It was felt that integrated care should be in the conference. HG explained suggestion for speakers would be fed back to the committee as the Chair of the committee are currently in the process of exploring options.</p> <p>The Chair requested for the RPS Conference update to be reported back to via the Friday email to raise awareness as to what information needs to be feedback.</p> <p>Karen Hodson brought to the attention of the Board that the next FIP will be in Glasgow and ask RPS to consider hosting a reception there and if this kind of suggestion could be fed back to the committee now.</p> <p>It was also suggested that there is also a great opportunity to link in with Bevan Exemplars as there are already many good examples to share and names such as Janet Thomas, Martin Davies, Judith Vincent from ABMU, Anne Hinchcliff, Paul Gimson etc were also suggested.</p>	<p>AG</p> <p>MD/ Chair</p> <p>RE</p> <p>RE/AG</p> <p>RE</p>	<p>Completed</p> <p>completed</p>
16/13 Key Messages from the Meeting		The WPB agreed for the following key messages for publication in Pharmaceutical Journal and the RPS website.	JB	

**OPEN BUSINESS**

		<ul style="list-style-type: none"> <li>(i) Election of National Pharmacy Board 2016 and the appointment of Karen Hodson for the any sector casual vacancy place on the Welsh Pharmacy Board.</li> <li>(ii) Launch of Care Homes policy document and campaign on 1st March.</li> <li>(iii) Joint work with PPIG.</li> </ul> <p>The Open part of the business meeting closed at 13.30pm</p> <p>Next meeting:</p> <p>Welsh Pharmacy Board working day – Thursday 17th March 2016. Welsh Pharmacy Board meeting - Thursday 28th April 2016.</p>		
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## **OPEN BUSINESS**

Welsh Pharmacy Board meeting 28 April 2016

### **Welsh Directorate Update**

#### **Purpose**

To update the Board on quarter 1 2016 activity.

#### **Recommendations**

The WPB is asked to:

- Note the update on the Welsh Directorate Operational Performance Plan activities in quarter 1 (Appendix 1)

The Board is asked to discuss

- The activity for 2016

**Mair Davies**  
**RPS Director for Wales**

Wales 2016 Operational Performance Plan

Corporate Objective	Key Deliverables	Key Performance Indicator (KPI)	Outcome/Progress Quarter 1	Outcome/Progress Quarter 2	Impact Rating	Lead & Support	Q1	Q2	Q3	Q4	
We will improve the public's health and wellbeing	1.1 -Medicines Safety Conference 2016 - We will deliver the 6th Welsh Annual Medicines Safety conference to a multidisciplinary audience. (Q2Q3Q4 2016)	In Q4 we will deliver the sixth Welsh annual medicines safety conference to a multidisciplinary audience of at least 100 people. Scoping work for the conference will commence in Q2 and will be steered by a specialist planning group.(Quality & Safety Improving patient outcomes)		First meeting of Steering Group took place on 11 April. Theme for conference suggested ' <i>Keeping people safe at home – Right Place, Right Person, Right Medicine</i> '		RG/MD		x	x	x	
We will improve the public's health and wellbeing	1.2 - We will lead and support the work of the Just Culture error reporting task & finish Group and support it to deliver its aims and objectives (Q3, Q4 2016)	<ul style="list-style-type: none"><li>• By the end of Q3 we will have reported the results of the error reporting baseline survey</li><li>• We will share and learn from the work of the 4 UK Task &amp; Finish groups</li><li>• We will promote the quality and safety agenda by encouraging an increase in error reporting in Wales</li></ul>	Base line survey questionnaire being designed. Survey monkey planned for Q2			MD/AG	x	x	x	x	
We will improve the public's health and wellbeing	1.3 -Your Care Your Medicine -We will work collaboratively with the WPhC and other stakeholders including LHBs and CPW to influence and contribute to the delivery of Your Care Your Medicine work plan. (Q1Q2Q3Q4 2016)	We will influence and lobby chief executives Welsh Government and Directors of primary care to establish and fund the post of a cluster lead pharmacist (consultant Grade) and at least one post will be established by end Q4.	Director (D) & Chair met with Alison Williams Chair CEOs D and Chair WPC met with Richard Lewis, Director Primary Care Wales. A: take outcome to WPhC			MD/Chair	x	x	x	x	
We will improve the public's health and wellbeing	1.4 -Prudent Clinical Pharmacy - We will work in partnership with Welsh Government working groups to enable pharmacy to contribute fully to the prudent clinical quality agenda. (Q1Q2Q3Q4 2016)	We will deliver within RPS resources and in partnership with the Welsh Government and key pharmacy stakeholders, including CPW, in promoting quality and safety agenda, encourage error reporting, the use of the yellow card system, set against the contextual background of the Society's just culture and professionalism work. RPS will ensure appropriate representation input into the following WG working groups: Unscheduled Care Clinical Reference Group: 111/OOH: Choose Wisely: NWIS; Care Homes: RPS will actively scope for other working groups where pharmacy should be represented.	Tim Banner gave presentation at UCCR group on role of pharmacists: 111/OOH –2 meetings. Indemnity insurance and Need for a bespoke CG framework identified as key pharmacy issues. Choose Wisely – 5 “Do not do” recommendations submitted NWIS Care Homes – presentation Policy document given Substance misuse ; Welsh Language			MD/WPB	x		x	x	
We will improve the public's health and wellbeing	1.5 -Integrated Role for Pharmacists - Working closely with key stakeholders we will promote and help enable opportunities for pharmacists' contribution in Unscheduled Care, Primary Care Clusters and Care Homes. (Q1Q2Q3Q4 2016)	<ul style="list-style-type: none"><li>• We will publish the Models of Care policy document in partnership with PPIG (Q1)</li><li>• We will meet with Director of Primary Care and the Director General of NHS (Q1)</li><li>• We will collaborate with all HB CEO and Primary Care Directors (Q2)</li><li>• We will influence and work with RCGP , RCN to promote multidisciplinary working (Q1,2,3,4)</li></ul>	Models of Care published and promoted Met with WG Primary Care Lead to discuss models of care and cluster opportunities Met with Chair of RCGP Wales and agreed to hold a joint symposium on managed repeats and repeat dispensing in June RCPsych , RCGP & RCN endorsed Care Home document Arranged joint visit between RPS, Welsh Government and RCGP to Bristol for demonstration of FDC	Presented care Home Policy to WG Health and Social Care Directorate's Senior Management Team		EJ  MD  MD EJ/RG		x	x	x	x
We will improve the public's health and wellbeing	1.6 -RPS Community Hub - We will promote the use of the RPS Community Hub across the Local Health Boards and Community networks. (Q3Q4 2016)	By end Q4 the RPS Community Hub will have been promoted and sign posted to community pharmacists via at least 10 separate events across Wales. This will be measured among members by the number of unique click-through rates and via member surveys.	Mayberry pharmacy RPS/faculty event resulted in recruitment of pharmacists as members (employer funded). First faculty surgery held with 11 pharmacists attending.Community Hub promoted			MD/JJ	x	x	x	x	
We will improve the public's health and wellbeing	1.7 - Welsh language - Working closely with key stakeholders, we will promote the quality and safety agenda around bilingualism and Welsh language use in healthcare. (Q1Q2Q3Q4 2016)	<ul style="list-style-type: none"><li>• We will meet with the Welsh Language commissioner to promote the BNF translation and WPB position statement (Q2)</li><li>• The Care home policy will be translated and launched in N Wales (Q2)</li><li>• A criteria for Welsh translation will be written</li></ul>	Date, venue and speakers confirmed for N Wales event. Met with Welsh Language Commissioner re: BNF labels Met with LHB Welsh language reps to update on RPS Welsh Language Policy Criteria for Welsh translation researched and draft completed	Translation of Care Home Policy completed North Wales launch event completed profiling the policy and RPS commitment to the Welsh language		EJ/MD RG/EJ RG/EJ	x	x	x	x	



<b>We will be the professional voice for pharmacy</b>	2.1 -PA and PR - We will deliver our 2016 PA and PR Plan to strengthen the RPS as the professional voice for pharmacy. This will increase our recognition, voice and reputation with Government, other health professions, pharmacy stakeholders, patients and the public and pharmacists. (Q1Q2Q3Q4 2016)	<ul style="list-style-type: none"> <li>By end of Q4, the voice, recognition and reputation of RPS Wales will have been promoted through the delivery of the PA and PR plan. The baseline impact score of familiarity among AMs will have increased from 39% in 2015 to 45% by the end of Q4.</li> <li>By end of Q4 we will have extended our influence and profile in the National Assembly for Wales by establishing a Cross Party Group on Pharmacy and Medicines.</li> <li>By end of Q4 we will have engaged with key Assembly Members, including the Chair of the Health and Social Care Committee and each party spokesperson for health and arranged a visit to a hospital pharmacy.</li> <li>We will attend at least 2 major Welsh PP conferences (Q1)</li> </ul>	NHS Confederation hustings attended - several mentions of Clinical Pharmacists Labour and Plaid Cymru conferences attended.and RPS Policy Vision promoted			RG/EJ/IH/JJ	x	x	x	x
<b>We will be the professional voice for pharmacy</b>	2.2-WPB Policy Vision for Wales 2016 Parliamentary Elections - We will deliver a programme of engagement around the key messages and objectives contained within the vision during Q1 and Q2 and deliver a manifesto stakeholder roundtable event in Q2.	<ul style="list-style-type: none"> <li>We will further increase the professional voice for pharmacy by promoting the RPS Policy Vision for Wales. By the end of April 2016 will have targeted at least 10 political candidates to promote the Policy Vision in the 2016 welsh elections. By the end of Q4 we will have engaged with at least 4 members of the Health and Social Care Committee and achieved at least 3 public mentions by AMs supporting the objectives of the Policy Vision.</li> <li>By the end of Q4 the lobbying and influencing toolkit will have been promoted to members resulting in at least one engagement event with Welsh politicians in every LPF area.</li> </ul>	2 AM visits to community pharmacy completed in North Wales Lobbying and engagement promoted at LPF Steering Group meetings	Policy Vision and pharmacy issues promoted at 8 community pharmacy visits with electoral candidates in constituencies in North, Central and South East Wales Political engagement and Lobbying Guide discussed and encouraged at LPF Development Day		RG/JJ/WPB	x	x	x	x
<b>We will be the professional voice for pharmacy</b>	2.3 -Access to Records - We will continue to campaign for pharmacists' access and input into the electronic patient record to ensure the better enablement of pharmacists' clinical role. (Q1Q2Q3Q4 2016)	RPS will actively seek membership of any relevant group that can influence access. The need for read & write access will be included in all documentation	NWIS 111/OOH Choose Wisely Care Home Policy Vision for Pharmacy 2016			MD/RG/EJ/JJ	x	x	x	x
<b>We will be the professional voice for pharmacy</b>	2.4 -Partnership Working with key Stakeholders including third sector organisations - We will deliver a stronger professional voice by establishing collaborative working relationships with key stakeholders, including third sector organisations and Royal Colleges (Care Homes Q1Q2 CCM service Q3Q4) which will then be used for joint lobbying and advocacy purposes throughout 2016.	We will build on and forge new joint working relationships with key stakeholders, external bodies including the Third Sector, other professional bodies and NHS Wales. By Q4 we will engaged with at least 4 third sector organisations to support out campaign for a pharmacy-led chronic medication service. (Targeted Third sector groups will include: Tenovus Cancer Care, Asthma UK, British Lung Foundation, British Heart Foundation, Diabetes UK). KPI – Endorsement of care home policy by 3 third sector organisations (Q1234) Endorsement of pharmacy led CCM service by 3 third sector organisations (Q 234)	Care Home Policy endorsed by 3 RC and , 3 third sector and COP Members of several WG working groups for Care Homes.Care Home document presented at both working groups and sent to Steering Group and substance misuse RCGP - Joint visit re electronic prescribing Bristol : Joint Managed repeat symposium planned for Q2			MD/RG/EJ/JJ	x	x	x	x
<b>We will be the professional voice for pharmacy</b>	2.5 -Care Home Campaign - We will have produced, launched and promoted a policy on improving medicines safety of care home residents (Q1) and will deliver a campaign in collaboration with key stakeholders.(Q2Q3Q4 2016)	<ul style="list-style-type: none"> <li>We will have produced, launched and promoted a policy on improving medicines safety of care home residents in collaboration with key stakeholders in Wales. Throughout Q2, 3 and 4 a campaign approach will engage key stakeholder groups and will be referenced at least 5 times in the media and by other key stakeholders.</li> <li>By the end of Q4 we will have engaged with Welsh Government Officials, Assembly Members, NHS Wales and the Third Sector to promote the 11 recommendations of the Care Home Policy, encouraging plans for their implementation across Wales in 2017.</li> </ul>	Successful Care Home Policy launched in S Wales. Invited to present to Senior Team Welsh Government Endorsement of document by RCGP,RCN, RCPsych, COP, Age Cymru, CHC Wales.	Met with Older People's commissioner to agree next steps in care home campaign Presented care Home Policy to WG Health and Social Care Directorate's Senior Management Team		EJ/IH/RG/MD/JJ	x	x	x	x
<b>We will be the professional voice for pharmacy</b>	2.6 - Palliative Care & End of Life Care campaign	In Q4 we will establish a reference group to scope and deliver a campaign on the role of pharmacists in palliative and end of life care. Work will commence on a draft policy and objectives set in 2017 (Q4)	Supporting PPIG with this work			EJ/MD/ALL			x	x
<b>We will be the professional voice for pharmacy</b>	2.7 -Pharmacist-led Welsh Chronic Medication Service	In Q2 we will establish a reference group to scope and lead the development of a campaign for a pharmacy-led chronic conditions management service. By Q4 we will have met with at least 3 party political health spokespeople to drive this issue forward as an agenda item at NHS executive level.	Initial scoping of the workstream on Chronic conditions management undertaken at WPB Working Day			MD/EJ/RG/JJ	x	x	x	x

We will be the professional voice for pharmacy	2.8 - We will be recognised by members for the work we do	By end Q4 we will have engaged with members and non-members through face to face meetings and also by delivering one issue of PharmaCymru per quarter, increasing member interaction using social media channels including Facebook and Twitter. This will be measured by a 5% increase of Twitter followers (currently 1438) and increasing the number of conversations on Facebook by a 10 fold increase (currently baseline = 0 conversations).	MD - meetings with 5 Chief Pharms Q1 to update RPS work streams.			EJ/JJ	OPEN BUSINESS			
			Q1: EJ and JW have presented to all Hospital and primary care pharmacists in West Wales to discuss what we do and increase awareness/get people started on their faculty journey.							
			Twitter: Followers at the turn of the year – 1438 Q1 (as of 31st of March 2016): Followers – 1517 Impressions – 72,200 Link Clicks – 147 Retweets – 218 Likes - 125							
			FaceBook: In Q4 last year we had 0 posts. At end of 2015 – 113 people like RPS Wales Page. Q1 (as of 31st March 2016): Posts – 4 Post Reach (how many people have seen the post) – 269 Post Reactions (likes, comments or shares) - 36 Page Likes – 117							
We will support the education and development of pharmacists	3.1 -We will continue to develop the collaborative working relationship with WCPPE and contribute to the Modernising Pharmacy Careers Programme Board Wales(MPCPBW) and all Welsh and GB pharmacy education initiatives (Q1Q2Q3Q4 2016)	RPS/WCPPE Advanced Leadership Programme (ALP)- to become RPS accredited Q123 RPS Leadership framework and Faculty adopted by leadership Programme by 2017 cohort. Attendance at MPCBW and active contribution at all work-streams . Appropriate representation from Wales at all GB education work streams	Meeting with Directors WCPPE, PDS & Wales - proposal in discussion. ALP Accreditation submission submitted. Discussions ongoing about formal Faculty link to ALP. Presentation by Director at ALP Day 1. All Wales E&T Pharmacist			MD/EJ	x	x		
We will support the education and development of pharmacists	3.2 -RPS Faculty - We will deliver a series of Faculty events across Wales which will engage pharmacists into the Faculty in preparation for the introduction of GPhC Fitness to Practice requirements. (Q1 Q2 Q3 Q4 2016)	By end of Q4 we will have held at least one Faculty roadshow in each Local Health Board area utilising the skills and support of the Faculty and Foundation Champions in Wales. This will be measured by its contribution to the increase in Faculty members in Wales (add baseline level and % increase aim).	Q1: Faculty & Foundation roadshow for Hywel Dda Primary Care team (15) Faculty & Foundation roadshow for PPH pharmacy department (8) Faculty & Foundation roadshow for WWGH pharmacy department (12) Faculty and Foundation presentation for Mayberry Pharmacy's pharmacists and preregistration trainees (11)  Q2: Faculty & Foundation Roadshow at Bronglais General Hospital			MD/EJ/JW	x	x	x	x
We will support the education and development of pharmacists	3.3 -RPS Foundation Framework - We will deliver a series of Foundation events across Wales to support young pharmacists in their early years practice. (Q2Q3Q4 2016)	<ul style="list-style-type: none"><li>By end of Q4 we will have held at least one Foundation roadshow in each Local Health Board area utilising the skills and support of the Faculty and Foundation Champions in Wales. This will be measured by its contribution to the increase in Faculty members in Wales (add baseline level and % increase aim).</li><li>By the end of Q4 we will have delivered at least one early years event in each LPF area which will provide an opportunity for new members of the profession to meet their peers and create networks within their locality to support their practice. The quality of these events will be assessed by an evaluation of delegate feedback.</li></ul>	Q1: Faculty & Foundation roadshow for Hywel Dda Primary Care team (15) Faculty & Foundation roadshow for PPH pharmacy department (8) Faculty & Foundation roadshow for WWGH pharmacy department (12) Faculty and Foundation presentation for Mayberry Pharmacy's pharmacists and preregistration trainees (11)  Q2: Faculty & Foundation Roadshow at Bronglais General Hospital Foundation Packs distributed to 65 preregistration trainees at the Annual Professional Debate			EJ/JW	x	x	x	x

<b>We will support the education and development of pharmacists</b>	3.4 -Undergraduate and Preregistration Engagement - We will continue to deliver a programme of activity of undergraduate and preregistration engagement as in previous years, which will demonstrate the value of being a member of the professional body. (Q1Q2Q3Q4 2016)	<ul style="list-style-type: none"><li>• To increase member engagement and collaborative working we will have organised and delivered the fourth pre-registration event by the end of April 2016. This work will be undertaken in collaboration with the LPFs and WCPPE. This will attract a minimum of 70 pre-registration pharmacists and qualified pharmacists to this event. The quality of the event will be assessed by an evaluation of delegates opinions.</li><li>• By the end of Q2 we will have attended careers fayres at Cardiff University and the BPSA Annual Conference in order to promote the benefits of RPS membership to students and preregistration trainees.</li></ul>	Q1: EJ and JW at Cardiff University careers fayre BPSA annual conference in Cardiff next week - support from EJ/JJ/MD and board EJ supported the delivery of BPSA OSCEs for Cardiff University students  Q2: Annual Professional Debate delivered jointly with WCPPE – 65 Preregistration trainees and 23 pharmacists			MD/EJ JJ	x	x	x	x
<b>We will support the education and development of pharmacists</b>	3.5 -RPS Standards and Guidance - We will continue to contribute to and promote RPS standards, guidance and support tools helping to enable their use in practice. (Q1Q2Q3Q4 2016)	By end of Q4 we will have supported the education and development of pharmacists by inputting the Welsh perspective into at least 3 RPS GB professional standards and guidance documents. These will include the care home and urgent and emergency care ultimate guides.	EJ andCheryl as board lead inputed into GB EHR guidance / fact sheet on website Ultimate guide for Care Homes - Tim Banner is the Welsh rep Ultimate guide for U&E care - Alex Gibbins Welsh rep Promoted at all Q1 events			MD/EJ	x	x	x	x
<b>We will support the education and development of pharmacists</b>	3.6 -LPF Development - We will be innovative in the development of the LPF networks to aid retention, increase membership and increase members' contribution to the WPB agenda. (Q1Q2Q3Q4 2016)	By the end of Q2 there will be an established steering group in each LPF area to transform the LPFs in line with GB recommendations for finance, core requirements and branding. By the end of Q4 each LPF will have delivered at least one event that is aligned to the Welsh Pharmacy Board. By the end of Q4 each LPF will have delivered an average of one event per quarter. They will see an increase in the numbers attending from Q1 to Q4 as a result of increased activity.	Q1: Steering Group Meetings in Aneurin Bevan, Cardiff and Vale, Gogledd Cymru North (AGM), Hywel Dda and Morgannwg.  Aneurin Bevan Held and event on Asthma, High-dose steroids and stepping down therapy (21).  Q2: Wales LPF Development Day attended by 5 members of 4 steering groups.  Hywel Dda Pub Quiz and Lobbying event (6). North Wales Dinner (17).  Cwm Taf and Morgannwg (AGM) Steering Group Meetings.  Aneurin Bevan will hold an event on Neurolinguistic Programming on 11th May. Cwm Taf are planning an event on Choose Pharmacy.			JW/JB	x	x		x
<b>We will drive and support research and innovation in medicines and healthcare</b>	4.1 -Wales Pharmacy Research Strategy - We will promote the application and dissemination of research in pharmacy in Wales by delivering at least two Research seminars, one in North and South Wales. (Q1Q2Q3Q4 2016)	We will promote the application of research in pharmacy in Wales by delivering at least two Research seminars , one in North and South Wales and establishing research ready pharmacies in Wales (10) by Q4	Q1: Developed research ready training day.  Q2: Research ready training on May 16th for up to 20 pharmacists. Will soon have a member of the Research Team based in Wales for 1.5 days per week.			EJ/MD	x	x	x	x



<b>We will drive and support research and innovation in medicines and healthcare</b>	4.2 -Research and Building the Evidence Base - We will deliver a series of events promoting the RPS Research Ready initiative, to establish research ready pharmacies in Wales. We will also facilitate collaboration between health boards, Cardiff University and pharmacists to promote the application of research in pharmacy to increase the evidence base. (Q2Q3Q4 2016)	By the end of Q4 we will have engaged with the RPS Research Team and established at least 10 Research Ready Community Pharmacies in Wales and at least one research project in collaboration with LHBs and Cardiff University. RPS will facilitate work work with PPIG/Cwm Taf = evaluation of cluster work, evidence base.	Q1: Developed research ready training day.  Q2: Research ready training on May 16th for up to 20 pharmacists. Will soon have a member of the Research Team based in Wales for 1.5 days per week.			MD/JW EJ	x	x	x	x
<b>We will drive and support research and innovation in medicines and healthcare</b>	4.3 -Robust Evidence Based Policy - We will continue to produce robust evidence based policy positions and positioning papers to support our political, NHS, Health and stakeholder engagement and we will continue to respond to consultations which are deemed to be of relevance or importance. (Q1Q2Q3Q4 2016)	To increase the professional voice for pharmacy by the end of Q4 we will produce at least 3 robust evidence-based policy positions and statements and achieve at least 1 mentioned per policy in the political arena and among key stakeholders.	Care Homes – mentioned RCPsych , RCGP, COP, WG, NHS Confed Election hustings Models of Care – BMA & RCGP calling for pharmacists in every GP practice.			EJ	x	x	x	x
<b>We will be a global publisher of medicines information</b>	5.1 -Promotion of PP Publications - In support of this high level RPS strategic goal, we will commit to promote the publications of the Pharmaceutical Press at as many of our events and roadshows throughout the year as possible. (Q1Q2Q3Q4 2016)	By end of Q4 PP Publications promotional material will be distributed to members at all RPS Wales events, including LPF events. Develop a collaborative partnership with Ph P to help deliver this goal	Increasing Member awareness of work of RPS and promoting the role of Member pharmacists regularly in publications.  Q1: PharmPress promotional leaflets distributed at Cardiff University Careers Fayre and BPSA Annual Conference  Q2: PharmPress promotional material distributed at Annual Professional Debate.			JJ	x	x	x	x
We will be a viable and sustainable organisation	6.1Teams - We will commit to developing the RPS Wales Team and the WPB Team and ensure training and development to match the business plan requirements. (Q1Q2Q3Q4 2016)	We will have two team development days (Q1 &Q3) We will be a performing team by Q4 as identified by external facilitator (PDR)	A performing team by end of Q4 (further development on the day) First team development day completed			MD	x	x	x	x
We will be a viable and sustainable organisation	6.2-Refurbishment - We will complete within budget and project timeline. (Q1Q2 2016)	To complete the refurbishment work within budget and within project timeline for a completion by end of Q1.	Project is within timeline and budget			AG/MD	x			
We will be a viable and sustainable organisation	6.3 Venue Marketing Strategy - We will develop (Q1Q2) and deliver a marketing strategy for the meeting rooms. (Q3Q4 2016)	Following completion of office refurbishment, to develop a marketing strategy incorporating the refurbished meeting room facilities to increase meeting room income by 50% in Q4 and continue to generate a sustainable income.	To promote the use of meeting rooms in the Welsh Office and sustain the future growth of our membership base. Ongoing			AG/NF ALL/WPB		x	x	x
We will be a viable and sustainable organisation	6.4 -Costs Controlled - We will manage the work of the Welsh Pharmacy Board and our contribution to the GB work of the RPS within the approved allocated budget and we will ensure that we play our part in maintaining costs to budget. (monthly review)	To exercise cost control initiatives on all RPS Wales and WPB activities and maintain expenditure within aproved allocated budget for 2016.	Q1 expenditures in budget.			AG/All	x	x	x	x
We will be a viable and sustainable organisation	6.5 - To increase and retain Membership targets by 93% and we will grow membership in 2016 to 63% (monthly review)	We will achieve a 2016 membership retention target of 93% and we will grow membership in 2016 to 64%. (monthly review) We will achieve a 2016 Faculty membership increase.	Supports Member activities and enables our PA and PR aspirations. 8 Faculty workshops held across Wales and Faculty commitment with WCPPE and Mayberry pharmacies.			JJ/WPB/EJ	x	x	x	x
<b>We will support and contribute to the GB work-streams of the RPS</b>	The WPB and Directorate Team will work closely with colleagues in England and Scotland to ensure relevant contribution to GB RPS initiatives and campaigns. We will also collaborate with GB colleagues to ensure the fullest contribution to non-devolved legislative and political matters reserved to the UK Parliament. (Q1Q2Q3Q4 2016).		Project 7 - MD leading project FMD - Action approved at WPB meeting Rebalancing Board - meeting with acting CPhO Medicines Supply principles			MD/ALL	x	x	x	x

	Unplanned activity (fill in during the year)	Community Pharmacy contract	Community Pharmacy contract - Meeting with CPW Board - Director & President. Director attended all CP update meetings of English Directorate			MD	x	x	x	x
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**16.04/WPB/07.3**

Welsh Pharmacy Board meeting 28<sup>th</sup> April 2016

## **Title Communications Strategy 2016**

### **Purpose**

**The purpose of this is to outline and define a strategy for Communications over the forthcoming year.**

### **Recommendations**

I would recommend that a Welsh Communication plan is written so that clear objectives are created. I am looking to meet with Neal Patel and take suggestions from the plan for England. I will also be looking at our existing plan. I would recommend that a steering group be established so that ideas can be discussed and achievable objectives established so that communications can support the RPS Wales team in its set goals.

### **Background**

Jodie and I have recently been appointed in a job share as Membership Development and Communication Manager. We will be working to facilitate the role and it has been agreed that communications will be supported by myself. New into post I am currently familiarising myself with the organisations systems and also working towards a plan for the year as stated. The LPF's are in need of structure as currently many are lacking Communication officers. Jodie and I are working to develop this new structure and recruit the necessary members to enable a properly functioning body of groups. Jodie will be briefing the board on the current position in regards the LPF's in Wales and our plan to revitalise them.

The Communication role will need time to build up a current database of media contacts which is already underway. This will allow information to be communicated to the correct people. Within the media and support any launches or campaigns that the Society in Wales are seeking to implement.

It is important that Trade magazines are subscribed to as well as at least the local newspaper in our case the Western Mail. I have already noticed that other local press run from time to time health supplements and Pharmacy does not seem to gain a mention

despite other healthcare professions being well represented. During my time at the RPS I have become aware of the knowledge and professionalism that Pharmacists have which is currently under-utilised and the significant benefit that bringing this into more areas of the NHS would assist hard pressed groups such as the GP's. Currently looking at the "I love My Pharmacist Award" as well as the forthcoming board elections.

### **Risks**

**Communications is not a science and it is important to develop relationships with the media to ensure that Pharmacy within Wales is well represented in the appropriate media sources.**

**It is essential to have the right tools and build up contacts to create an effective and successful system.**

### **Resource Implications**

**As mentioned I would like to see subscriptions to a number of the local journals and press .I will discuss costings for this and establish budget size for the communications role. We are committed to re-establishing Pharmacymru and the plan is two printed formats with four dot mailer versions being sent out annually. This will act as a support tool for the development of the LPF's and for recruitment of new members to the RPS.**

**It is essential in Communication's that the right tools are available. As a team we are currently reviewing the current position and will work to develop a realistic and cost effective plan. I would suggest that tools such as alerts to mobile of media activity regarding Pharmacy be established as soon as possible. This is a free service and widely used by Communication professionals. Also I believe that The Wales Year book should preferably be purchased annually allowing for up to date contact information of key contacts not just in the media but across all relevant groups that as an organisation we are dealing with to increase the status and standing of the Pharmacy profession.**

**Name:** Jason Bartlett

**Job Title:** Membership Development and Communications Manager

## Welsh Pharmacy Board meeting

### Member Engagement

#### Purpose

To note member engagement activity since January 2016 and to outline proposals for reinvigorating the LPFs in Wales.

#### Recommendations

The Welsh Pharmacy Board is asked to:

- I. Note member engagement activity since in Q1
- II. Agree proposals for reinvigorating the LPFs
- III. Agree that LPFs should be renamed RPS Locality e.g. RPS Aneurin Bevan
- IV. Note activity around Research Ready

#### Background

Currently the LPF network in Wales is variable with one or two LPFs running as envisaged when they were formed and others barely functioning. This has come about for a number of reasons, not least the lack of a Local Relationship Development Manager (LRDM) for much of 2015. As such, the structure of the LPFs in Wales needs to be re-evaluated and a plan needs to be developed for re-engaging with the LPFs and taking them further.

This work has already started with sessions during the WPB working day and the LPF Development Day to gather the thoughts and ideas from the Board and LPF steering groups. Team England have also completed a large piece of work on the LPFs in England. Parts of this are relevant to Wales so I have been working closely with Alice Dartnell as this work progresses and contributed where appropriate.

#### Update on Member Engagement Activity:

Since January 2016 the following member engagement activity has occurred:

- Met with steering groups from Aneurin Bevan, Cardiff and Vale, Cwm Taf, Hywel Dda, and Morgannwg LPFs. Gogledd Cymru North steering group have also met and I have been in regular contact with the team in North Wales to discuss their activity and support as necessary. *Powys LPF currently does not have a steering group as their only two members have stepped down.*
- Aneurin Bevan had an event on Asthma, High-dose Steroids and Stepping Down Therapy in March.
- Hywel Dda held a Pub Quiz and Lobbying event in April.
- North Wales held their AGM in February and a Dinner in April.
- Morgannwg held their AGM in April.
- Faculty and Foundation roadshows have taken place in Aberaeron (Primary Care Team), Prince Philip Hospital, West Wales General Hospital, RPS Office (Paul Mayberry's Pharmacies), and Bronglais Hospital.
- The Annual Professional debate on Monday 11<sup>th</sup> April was very successful with 90 people in attendance.



- We have hosted the first LPF Development Day of 2016 and initial feedback has been positive. Sadly the numbers were low but this is due to the current lack of fully functioning steering groups.
- BPSA Annual Conference was held in Cardiff for the first time since 2003. We were involved throughout the week and have strengthened links with the BPSA Executive.

Upcoming events are:

- Aneurin Bevan LPF have an event on Neurolinguistic Programming on 11<sup>th</sup> May 2016.
- Cwm Taf LPF are currently planning an event on Choose Pharmacy for May/June 2016.
- Gogledd Cymru North have a full programme of events for Spring/Summer 2016.
- Research Ready and GCP training day on 16<sup>th</sup> May 2016 (See Research Below).

### **Reinvigorating LPFs**

In order to breathe new life into the LPFs I believe there are a number of things that we need to do:

- Recruitment drive for LPF steering group members
- Ensure each LPF has a programme of events for the remainder of the year, once they have a full steering group in place
- Focus groups in each LPF area engaging with members and non-members to identify the needs of each locality
- Consider new ways of working within inactive LPFs e.g. webinars, eLPF, less frequent one-day events etc.
- All Board members to actively engage with their allocated LPFs
- Assign a Board Liaison for LPFs (following elections)

### **Renaming of LPFs**

During the course of the work carried out by Team England regarding the Vision for LPFs, one of the recurring themes was the unsuitability of the term Local Practice Forum. There was agreement across all of the focus groups that the term is nebulous and does not define what LPFs do or even what they are. There is no link to pharmacy and it was felt that, to external bodies, there was no identity. As a result of these findings Team England are proposing that their LPFs be renamed RPS Locality e.g. RPS Aneurin Bevan.

*For the reasons outlined above, and in the interest of consistency I suggest that we should adopt the same name change in Wales for all of our LPFs.*

### **Research Ready**

As part of the Wales Operational Performance Plan for 2016 we have committed to creating at least 10 Research Ready pharmacies within Wales. At present there are none in Wales. We have worked with the Research and Evaluation team to develop a Research Ready and Good Clinical Practice training event which will take place on Monday 16<sup>th</sup> April. Attending the session will allow participants to then complete the online self-accreditation tool to become a Research Ready Pharmacy. We are aiming to have at least 10 pharmacists in attendance and can accommodate up to 20. From late June/July 2016 we should also have a research coordinator based in the Welsh office for 1.5 days per week who will provide support and assist research engagement activity.

### **Risks**

There is a reputational risk involved in having LPFs that are not functioning as they should. They are the member facing element of the RPS and if they are not delivering professional services we risk losing existing membership and failing to attract new members.

**Resource Implications**

- Member engagement and LPF development work will require a considerable amount of staff time there is also a financial implication relating to travel expenses for face-to-face engagement.
- Research Ready work will require staff time, but this should be supported by the new research coordinator who will be financed centrally.

Jodie Williamson  
Membership Development and Communications Manager

## Welsh Pharmacy Board meeting

### **Consultation updates and key policy work**

#### **Purpose**

- i) To update the Board on consultation responses
- ii) To provide an update on the progress of the Care Home campaign.

#### **Recommendations**

The Board is asked to:

1. Note the consultation responses since our last meeting
2. To discuss and approve the progress of the care home agenda in partnership with the Older People's Commissioner.

#### **1. The WPB have responded to the following consultations –**

##### **Antimicrobial Resistance Delivery Plan**

###### *Key policy statements*

- The pharmacy profession has a key role in supporting the implementation and delivery of the plan. In particular the pharmacists role in educating the public and optimising prescribing practices are significant.
- Public education is key, ensuring that patients expectations of receiving antibiotics are realistic and if antibiotics are genuinely required that patients realise that the course must be taken as prescribed
- The major problem is not finding the drug targets but rather developing new antibiotics (leads) using current drug discovery methods. There needs to be incentives for the pharmaceutical industry to encourage them to develop new antimicrobials.

##### **More than just words 2**

###### *Key policy statements*

- There are pockets of excellent practice where Welsh language services are being offered regularly but this is often too dependent of proactive individuals rather than organisational planning.
- In the interests of patient safety, where Welsh language directions are needed for a patient, the RPS recommends, bilingual directions should be used ensuring that if a patient is seen by a non-Welsh speaker these important instructions are understood.
- The British National Formulary now has approved Welsh language cautionary labels which can be used by pharmacists if any of their patients would benefit from bi-lingual labels.

## **Working together to reduce harm – delivery plan 2016 – 2018**

### *Key policy statements*

- Need to increase public education and awareness of the harm associated with the misuse of alcohol and other substances.
- Community pharmacy plays an important role in increasing access to substance misuse services through, for example, the delivery of local needle exchange programs, supervised methadone administration, and the provision of health promotion advice.
- The pharmacist is often the healthcare professional who has the most contact with patients that access these service and can often pick up on changes in behavior as well as health and wellbeing. The pharmacists' input into the patients wider treatment regimen and care is however very limited and is often dependent on individual pharmacists building relationships with other healthcare workers rather than an official process.
- Opportunities should be explored for formally involving pharmacists with a special interest in substance and alcohol misuse in local service delivery arrangements, and to further incorporate the pharmacist into the multidisciplinary care team.

## **Improving the recruitment and retention of Domiciliary Care workers in Wales**

### *Key policy statements*

- Submitted our care home policy document with particular reference to the section on education and training.

### **We are currently working on the following GB consultations:**

- DoH consultation on changes to medicines legislation (hub and spoke, dispensing labels, pharmacists' exemption)
- GPhC consultation on Standards for Pharmacy Professionals

## **2. Care Home policy campaign – Achieving our recommendations**

### **OBJECTIVE**

Several key recommendations have been made in our policy document. To continue to provide leadership around medicines management and pharmaceutical care in Care homes we must work to ensure our recommendations are progressed.

### **BACKGROUND**

The policy launch event on the 1<sup>st</sup> of March has lead to several invitations to present our work at other conferences and meetings. Sarah Rochira is delighted that the RPS have taken such a proactive approach to our care home work and is eager to maintain our relationship and work together to achieve our recommendations

Tim Banner and Elen Jones met with Sarah Rochira and Daisy Cole from the OPC on 12<sup>th</sup> of April to discuss potential plans to keep the momentum going with our work. Could the WPB discuss and consider the following options;

1. A care home good practice hub on the RPS Wales website.
2. A senedd reception focused on care homes
3. LPF activity

### **Risk and Resource Implications**

- Input into consultations is ongoing with a commitment of staff time. No additional resources have been identified.
- The progression of the care home work will require significant staff time and financial resource, (further details and options will be given in a presentation to the board)

### **Recommendations**

The Board is asked to:

1. Note the consultation responses since our last meeting
2. To discuss and approve the progress of the care home agenda in partnership with the Older People's Commissioner

**Elen Jones**  
**Practice and Policy Lead, Wales**

## Welsh Pharmacy Board meeting 28 April 2016

### Public Affairs Update

#### Purpose

To provide the Board with an update on public affairs activity during Q1 and to outline proposals for action following the Welsh Election on 5 May 2016.

#### Recommendations:

The Welsh Pharmacy Board is asked to:

- i) Note the update on public affairs activity since the WPB meeting on 4 February 2016
- ii) Agree proposals for public affairs activity following the Welsh Election

#### Update on PA activity in Q1

At its last meeting on 4 February 2016, the Welsh Pharmacy Board agreed the following activity in 2016:

- Engagement with political parties via the Party Political Conferences (Spring and Autumn)
- Engagement with electoral candidates and AMs via individual visits and meetings
- Engagement with members of the Health and Social Care Committee and its new Chair (post election)
- Establishing a Cross Party Group on Pharmacy in the 5th Assembly
- Developing RPS Members as political facing advocates for RPS policy and campaigns throughout 2016
- Influencing key stakeholders including the Welsh Government and the NHS through working with other professional bodies and Royal Colleges on aligned areas of work

The following progress has been made:

- Policy Vision document distributed widely to all political parties (health spokespeople and key party officials)
- Attendance at the Welsh Labour and Welsh Liberal Democrats party conferences in February and engagement with party officials and other stakeholders including the RCGP, RCN and other Royal Colleges
- Engagement with the Health Spokespeople from all key Political parties at the Welsh NHS Confederation Political Hustings on 15<sup>th</sup> March
- Strong candidates for the Welsh Election have been contacted and invited to meet with RPS and pharmacist colleagues. To date a total of 16 Pharmacy Visits for candidates across Wales have either been completed or are in the process of being arranged to help promote the role of pharmacy and the Policy Vision. The visits have been supported by Board Members, press releases have been issued following the visits and we have secured local news coverage in most areas.

The following visits have been completed:

- ✓ Janet Finch-Saunders (Conservative)
  - ✓ Darren Millar (Conservative)
  - ✓ Adam Price and Jonathan Edwards (Plaid Cymru) - Carmarthen East & Dinefwr
  - ✓ Helen Mary Jones (Plaid Cymru) - Llanelli
  - ✓ John Griffiths (Labour) - Newport East
  - ✓ Jayne Bryant (Labour) Newport West
- Lobbying and influencing has been a key topic at several LPF Steering Group Meetings to encourage the engagement of grass root pharmacists and RPS members to engage with local politicians going forward. The RPS Wales lobbying guide has been promoted to LPFs and made available as locked content on the RPS website. Further encouragement to engage in local influencing and lobbying activity was provided to representatives from LPFs at the recent LPF Development Day held on 12 April. There has been a very positive response from LPF Steering Groups to involvement in influencing/lobbying and this is encouraging going forward as there are likely to be many new Assembly Members across Wales which RPS will need to engage with following the election.
  - Published an opinion piece in the Pharmaceutical Journal on 7 April about the implications of the Welsh Election for pharmacy in Wales.

### **Proposals for PA Activity following the Welsh Election**

The Public Affairs Steering Group met on 11<sup>th</sup> April to discuss progress against the public affairs plan and to consider the next steps following the election on 5<sup>th</sup> May. The group has recommended the following action:

- Establish a 'Cross Party Group on Pharmacy and Medicines' in the National Assembly for Wales with RPS as the secretariat to the Group. This should include action to build a coalition of support among key pharmacy stakeholders to create 'one voice' for pharmacy.
- Engage with all new Assembly Members following the election during Quarters 2/3/4 and introduce RPS and key pharmacy issues as outlined in the Policy Vision and other key policy areas
- Target members of the Health and Social Care Committee once reconstituted following the election and promote the role of pharmacy and profile RPS in Wales
- Join other Health and Social Care organisations in September in a 'meet the professions' Assembly Reception, arranged by Positif (£250 plus VAT contribution required)
- Re-introduce the quarterly bulletin to AMs, their staff and the Assembly Research Service to keep the profile of RPS elevated
- Explore holding a joint Assembly reception in the autumn with another Royal College i.e. the RCGP to promote new models of care
- Continue to encourage RPS membership to engage locally with Assembly Members and support them in any pharmacy visits in both community and hospital settings
- Monitor reputation via an Assembly Member survey with a focus on RPS familiarity, favourability and advocacy.

### **Risk Implications:**

Following the election it will be imperative for RPS Wales to engage with the new Welsh Government and new members of the Assembly to increase the familiarity of the RPS and pharmacy professional issues and to ensure the conversion of familiarity into favourability and advocacy to ensure success in future influencing and lobbying.

**Resource Implications:**

Costs will inevitably be incurred in the delivery of public affairs activity in 2016. These will be carefully controlled to ensure cost effectiveness and impact. Resource requirements have been identified in the RPS Wales budget allocation for 2016 and will be managed throughout the financial year.

**Recommendations:**

The Welsh Pharmacy Board is asked to:

- Note the update on public affairs activity since the WPB meeting on 4 February 2016
- Agree proposals for public affairs activity following the Welsh Election

**Ross Gregory**  
**Head of External Relations**



Welsh Pharmacy Board meeting 28 April 2016

## **Medicines Safety Conference**

### **Purpose**

To update the Board following the first meeting of the Medicines Safety Conference Steering Group to scope plans for the delivery of the 6<sup>th</sup> RPS Wales Medicines Safety Conference in 2016.

### **Recommendations**

The Welsh Pharmacy Board is asked to:

- i) Note the initial discussion by the Medicines Safety Conference Steering Group and agree the recommendations for the principles of the 2016 conference
- ii) Discuss and determine the principles for income generation for the conference

### **Background**

RPS Wales has delivered its Medicines Safety Conference on an annual basis since 2010. The conference is RPS Wales' flagship event of the year and its reputation has grown year on year. The event offers opportunities for RPS Wales to:

- Raise its profile as the leader on medicines safety issues in Wales
- Contribute to and influence the strategic dialogue and direction of health service design and development in Wales
- Engage and network with RPS Members, pharmacist non-members, key opinion formers, senior staff in the NHS and across the Third and Independent Sectors.
- Encourage RPS members to showcase pharmacy developments in Wales
- Promote the benefits of RPS membership to non-members and encourage recruitment

The conference is now securely fixed in the autumn conference programme for the health and social care community in Wales and, as a member benefit for RPS Members, it has been welcomed by Members.

The WPB has committed to hosting the 6<sup>th</sup> Medicines Safety Conference in 2016 and it a strategic objective within the 2016 WPB Business Plan.

The WPB will recall that the development of previous Medicines Safety Conferences benefited from the advice of a Board steering group along with external expert advice. This way of working has been instrumental in advising on the professional content and general shape of the conference. An initial meeting of the Conference Steering Group took place on Monday 11<sup>th</sup> April to scope criteria for the event including the theme, format and options for raising revenue.

### **Outcomes of the initial Steering Group Meeting**

At its initial scoping meeting the Medicines Safety Conference Steering Group covered a great deal of ground and the following recommendations were made:

- The theme of the 2016 conference should align to key policy and strategic issues relevant to health and social care in Wales.
- *'Keeping people safe at home – Right Place, Right Person, Right Medicine'* was suggested as the working title and overarching theme for this year's conference. This would align with strategic priorities to shift care from secondary care environments into the community and would provide scope for addressing issues of chronic conditions management, unscheduled care, the role of pharmacy in the multidisciplinary team and specific issues such as polypharmacy, anticoagulation and insulin management for instance. This broad theme would also provide scope for involvement from a wide range of health professions and organisations.
- High profile speakers should be attracted to the event to appeal to a broad audience including the Health Minister if possible.
- It was suggested that the new Health Minister could be invited to headline the conference and the new Chief Pharmaceutical Officer could provide a keynote presentation.
- Speakers should also be invited from other devolved countries and internationally if possible to give another view of medicines safety at home and in the community.
- The event should be marketed to appeal to members, non-members, other health professionals and others with an interest in medicines safety including the independent and Third Sector.
- The event should continue with a similar format for the conference which proved successful in 2015 – i.e. keynote presentations and workshops.
- Poster exhibitions and a conference exhibition should be explored to help showcase pharmacy developments and include a wide range of organisations in the event.
- The conference must have a workable balance of content to ensure adequate delegate participation, particularly in workshop sessions and to allow adequate time for networking.
- A venue in the Cardiff area was recommended to help ensure speakers and representation from the Welsh Government.
- Utilising technology i.e. Periscope was suggested to engage people who cannot attend the conference in person.
- Opportunities should be explored for income generation to help offset the costs of the conference.
- A presentation to the ABPI with regard to sponsorship opportunities should be explored.

### **Options for Income Generation**

Options for income generation were discussed by the Steering Group including charging for attendance to the conference, seeking sponsorship opportunities, and working in partnership with another organisation to split costs.

It was suggested that a combination of sponsorship and charging could significantly offset costs and even generate a marginal profit. Working in partnership with another organisation was discussed to help split costs but concerns were raised that by doing so RPS may need to relinquish a great deal of control over the conference and compromise on its plans.

#### **i. Charging policy**

In past years the WPB have discussed the principle of charging members and non-members for attendance to the conference. Each year it has been agreed by the Board that RPS

members should not have to pay to access the conference but non-members could be charged a fee to help offset the costs of delivering the conference.

Options for 2016:

- Maintain the status quo – keep the conference free to all
- Charge no delegate fee to members and charge non-members a fee to help offset conference costs
- Introduce a nominal fee for members and a higher fee for non-members (i.e. £25 for members and £75 for non-members)
- Charge the same fee for all delegates (Members and non-Members) to increase the revenue to off-set costs of the conference
- Charge no delegate fee if event is hosted in partnership with a publicly funded organisation

## **ii. Sponsorship**

Sponsorship can offer a number of benefits for the conference and its delegates. Inviting sponsors to exhibit and endorse the conference can raise revenue to help offset costs but can also provide valuable information and networking opportunities for delegates. Sponsors may also have vast networks of potential speakers and facilitators that RPS can utilise to build the conference programme, as well as stakeholders to add to the delegate invitation list.

Options for 2016:

- Publicise a general call for sponsorship for the event when marketing the medicines safety conference
- Target specific organisations that may have a particular interest in the theme of the conference i.e. pharma companies and outline a range of options for sponsorship
- Do not offer sponsorship opportunities for the 2016 conference

## **Working in partnership**

In 2015 RPS hosted the conference in partnership with 1000 Lives Improvement. This was beneficial as it halved the costs and provided additional personnel to help organise the event on the day. The disadvantages of this approach are that it can increase the complexity of planning and organising the conference across organisations. It can inhibit income generation if a publicly funded organisation is partnered with. It can also dilute RPS' leadership profile in the field of medicines safety.

Options for 2016

- Organise and host the event alone – RPS only
- Work with a partner or partners i.e other professional bodies, NHS bodies

## **Risks**

As the RPS Wales Medicines Safety Conference is now a firm fixture in the autumn health and social care conference programme in Wales, there is a potential reputational risk to the RPS if a medicines safety conference is not delivered in 2016. The conference is also widely viewed as a member benefit in Wales and not delivering the event in 2016 may be disappointing to members.

**Resource Implications**

- As a key deliverable in the 2016 WPB Business Plan, financial resources have been identified and ring-fenced in the RPS Wales budget allocation to fund the medicines safety conference.
- Charges for non-members to attend the conference and sponsorship could help to offset the costs of hosting the conference.
- Significant staff resources and Board Member time will be required to develop and deliver the conference in 2016.

**Recommendations**

The Welsh Pharmacy Board is asked to:

- i) Note the initial discussion by the Medicines Safety Conference Steering Group and agree the recommendations for the principles of the 2016 conference
- ii) Discuss and determine the principles for income generation for the conference

**Ross Gregory**  
**Head of External Relations**

<b>Title of item</b>	Professional Development and Support Q1 2016
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>	<b>Catherine Duggan</b>
<b>Position in organisation</b>	Director, Professional Development and Support
<b>Telephone</b>	0207 572 2358
<b>E-mail</b>	Catherine.duggan@rpharms.com
<b>Item to be led at the meeting by</b>	Catherine Duggan
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Risk implications</b>	NA- reporting against business plan
<b>Resource implications</b>	NA
<b>Headline summary of paper</b>	<p>Updates from:</p> <ol style="list-style-type: none"> <li>1) RPS Professional Support &amp; Standards and Guidelines – Ruth Wakeman</li> <li>2) Research update – Rachel Joynes</li> <li>3) Workforce Development – Chris John</li> <li>4) Science update – Jayne Lawrence</li> <li>5) Faculty and Foundation update – Stuart Semple and Beth Ward</li> </ol>

# 1. Professional Support, Standards and Guidance update to RPS National Boards: Q1 2016

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## 1. Standards, support tools and guidance

The team write and publish a wide range of resources including the MEP, professional guidance, quick reference guides, online resources, tools and professional standards on all areas of pharmacy practice for members across all sectors and career stages.

### Usage statistics for key standards and guidance (Q1 2016)

Name of resource	Q1 2016 website downloads
Medicines Ethics and Practice edition 37	14232
RPS resources supporting POM to P changes	3718
RPS near miss tools	1677
Oral contraceptives quick reference guides	966
Specials guidance	838
Pre-registration pharmacist resource tools	717
Hospital standards	510
Medicines Compliance Aid standards	851
Public Health Standards	245
Homecare Standards	259

**Total number of resource downloads in Q1 2016 = 36,851**

### Resources published in Q1 2016

New guidance:

- Mentoring handbook
- Overview of pre-registration training slide-deck,
- Pre-registration timeline QRG
- Pre-registration timeline Infographic
- Guidance on progress review QRG
- Building rapport with your tutor QRG
- Community pharmacy reforms hub page
- Summary Care Records decision-tool (GB and England) + web hub
- RCN & RPS report on pharmacists and nurses working together across primary and community care
- Support for hospital pharmacists infographic
- Essential guide (day 1 practice guide) for pharmacists working in community

Revised guidance:

- Podiatrists QRG (corrections)
- Valproate QRG (update following MHRA developments)

- Update to patient engagement hub (additional resources)

### **Resources currently in progress**

- Ultimate guide to support pharmacists working in care homes
- Ultimate guide to support pharmacists working in urgent & emergency care
- Quality assurance of aseptic preparation services standards
- Prescribing competency framework review and update
- Error reporting standards
- Guidance for prescribers of specials
- QRG/briefing paper for RPS CPD service pilot
- Revision to QRG for use of the Welsh language (following Welsh BNF cautionary labels)
- Medicines, Ethics and Practice edition 40
- Review and update of Homecare Standards Handbook
- Pre-registration resources:
  - Pre-registration trainee webpage update
  - Summary of Product Characteristics QRG
  - Managing difficult situations and overcoming barriers QRG
  - Tamsulosin P medicine
  - Sumatriptan P medicine
  - Top tips for the registration assessment
  - Top tips for the registration assessment resits

### **Currently in plans for later in 2016/17 (not yet started)**

- Polypharmacy guidance
- Public Health Standards implementation review
- Chief Pharmacists Handbook
- Revision and update of “Duthie” report on storage of medicines
- QRG on working with the pharmaceutical industry
- Revision to Asthma QRG in collaboration with UKCPA
- Revision to COPD QRG in collaboration with UKCPA
- Revision to RPS guidance on splitting, crushing and opening dosage forms
- Update to RPS NMS webpage
- Further essential guides (Day 1 practice guides) for other sectors
- Quality improvement tools
- Further new and updated pre-registration resources

## **2. Professional Development and Support service**

The team are the first point of contact for the RPS and are contacted by members and non members by phone, email and web form. A professional support service is provided to members only. In Q1 2016 the team provided information, advice and support in response to 1,534 enquiries.

Q1 2016 top 3 member support categories

1. Professional development (338)
2. Legal and ethical (319)
3. Pharmacy practice (260)

## **3. Consultations**

The professional support team manages, on behalf of all three country teams and PDS, the organisation wide process for assessing and responding to consultations.

In Q1 2016:

- 86 consultations were logged and assessed by Professional Support team
- 2 consultation responses were written by the Professional Support team
- 3 consultation responses from other groups/organisations were reviewed and endorsed by the Professional Support team

#### **4. Accreditation**

The RPS provides accreditation and endorsement services for quality assuring training, education, resources and events and training providers.

#### **2016 Q1 Completed accreditation of training and development materials and events**

- Total accreditations of training resources for the quarter =7
- Income generated (less payments to accreditation reviewers, not taking into account RPS staff salaries) =£10,450

#### **Applications received and in progress**

- Accreditation of training and development materials and events  
RPS Accreditations=7  
(Training Programmes=6, Training Events=1, Published Materials=0)

Faculty Accreditations=1  
WCPPE; Leadership Programme

- Accreditation of Training Providers

Faculty Accredited Training Providers=1 UKCPA  
Foundation Accredited Training Providers=1 UKCPA  
Pharmacy Foundation Schools=1 Northern Ireland Centre for Pharmacy Learning and Development

#### **RPS Endorsement**

Q1 2016 7 applications for RPS endorsement approved

#### **5. Qualified Persons scheme**

Latest information, FAQs and statistics for pass rates etc are on our website <http://www.rpharms.com/development/qualified-persons.asp> . In 2016 Q1 the RPS hosted an annual QP Tripartite meeting of the medicine licensing authorities and the Joint Professional Bodies (RPS, RSB, RSC).

#### **6. Library**

The team are working to rationalise and reduce the size of the stored collection in order to further reduce storage costs (50% reduction already achieved in 2015). To date 6,666 books have been withdrawn from the collection and in total 10,486 items (journals and books) have been identified for withdrawal. All current database subscriptions have been reviewed and renegotiated with suppliers resulting in improved selections of online journals for members, improved searching tools and financial savings.



Member access of our online library and information resources (databases, ejournals & ebooks) remains high (January: 6,580, February 5431, March tbc) and the team have answered 113 library enquiries from members in Q1.

The librarian has organised training sessions for staff and members

- Information Skills Training session for staff
- Searching on EBSCO Host databases webinars for members and staff (available on the website)

In Q2 the Library and Museum Advisory Group will be reviewing and updating the library vision to further align with RPS work streams including the Foundation programme.

## **7. Museum**

The museum team have worked with the RPS finance team to review and value all high value areas of the collection for insurance purposes. Installation and curation of all new displays are close to completion on schedule for the official museum opening and RPS anniversary celebrations in April.

The museum team and communications team have worked together on social media over Instagram, Twitter and Facebook to promote the museum and the profession to members and non members. The biggest 'reach' for a post on the museum's Facebook page was 778 people for the #MuseumShadow

## 2. Research Team update to RPS National Boards: Q1 2016

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**Supporting health service and pharmacy research.** Following the success of a dedicated Research Ready webinar to engage and support pharmacies seeking accreditation in 2015, the team have developed a face to face support programme to supplement the current online support route. 178 pharmacies are research ready across the UK.

The team have connected with 18 researchers through enquires seeking to **develop research** skills and activity for fellowship and grant funding. In addition they provided detailed advisory support and guidance for 8 researchers/ potential researcher building applications for the HEE/ NIHR Integrated Clinical Academic Pathway, Pharmacy Research UK (PRUK), PRUK- UKCPA and NIHR grant schemes in Q2.

Research also successfully delivered the annual '**Developing a Successful Research Funding Application**' 3 day workshop in January and March, which brought together in 14 novice researchers looking to develop research funding applications (grants/ fellowships) and was facilitated by UCL's Professor Felicity Smith. The event received 100% positive feedback.

Our **strategic advisory support** this quarter has included the National Primary Care Research Group, NW pharmacy research group and National Pharmacy Clinical Trials Research Advisory Group. The team continues to support the national Pharmacy Research Wales strategy working with partners in Wales (including RPS Wales), and has developed the strategy website during Q1.

**Networking and Collaboration:** our research and evaluation network has 485 members, had 18 posts and discussion threads and 237 visits, the NPCTAG network has had 393 members, 5 posts and 128 visits. The NPCTAG have also advised on 3 expert led enquires.

### Pharmacy Research UK (PRUK) Highlights:

The charity's **1<sup>st</sup> annual research review** was launched this quarter, highlighting PRUK's commitment to funding UK research but also to developing the pharmacy research leaders of the future. Having invested over £1.5M since the charity (and founder charities) launched, PRUK currently has an active portfolio of 18 grants and fellowships.

### **Forthcoming Activing**

Evaluation reviews of both the Map of Evidence and the Research Ready Community Pharmacy are due to be published in April alongside the launch of the a suite of new research guidance.

**What do you do for evidence? Pharmacy Research Landscape Mapping.** The ongoing research mapping project will launch a primary research survey in late April, asking all pharmacist, from all sectors to tell the RPS about what they are actively doing to support research and all other evidence generation activities (audit, quality improvement etc). The survey will run for 8 weeks from April 20<sup>th</sup>

**Research Support Surgeries** Launching in April, the research team will be opening up monthly 'drop-in' surgeries for Bookable via RPS events. They aim to provide an opportunity for researcher to discuss their ideas, the process of locating funding and get advice on developing applications.

**Health Service and Pharmacy Practice Research Conference 2016**, hosted by the University of Reading is taking place April 7-8<sup>th</sup>. The conference programme will involve research from 45 researchers and will include 4 expert led research workshops focusing on impact, writing, use of evidence and planning of feasibility studies. #HSRPP2016

Pharmacy Research UK **bursary and fellowship funding** opportunities for community, primary care and hospital pharmacists are open for application until May 4<sup>th</sup>. See

[www.pharmacyresearchuk.org](http://www.pharmacyresearchuk.org)

**Pharmacy Research UK Celebrating Research Excellence Showcase.** The event, taking place on May 25<sup>th</sup>, will showcase the work of the charity and provide an opportunity for the pharmacy research community and those interested in research to network and build collaboration. All Board members are invited to attend.

**Author: Rachel Joynes**

### 3. Workforce Development update to RPS National Boards: Q1 2016

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1. Workforce Development Handbook Produced (a compilation of resources aimed at supporting the implementation of the RPS vision 'transforming the pharmacy workforce in Great Britain.
2. Nominations for PWVIG received from England and Scotland.
3. Workforce issues have been discussed at RPS groups and external meetings to identify key topics e.g. Carter Review at Hospital Expert Advisory Group.
4. One thought leadership paper produced. Planning for next meeting of Education Expert Advisory Group complete. Health Education England Advisory Group (pharmacy) meeting attended and fed back to RPS.

**Author: Chris John**

## 4. Science Team update to RPS National Boards: Q1 2016

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The major activities of the Science Team since January 2016 are given below under the headings of the RPS-led Recommendations from the New Medicines guide, where possible. If any Board Member requires more information, please contact the either Colin Cable or Jayne Lawrence.

### ***Recommendation 1 Ensuring the Safe Use of Medicines***

#### **Biosimilars**

The RPS now has a seat at the National Biosimilars meeting, led by NHS England (the CPO chairs the meeting) and also attended by the MHRA, the BioIndustry Association (BIA), British Generic Manufacturers Association (BGMA), and the Association of Pharmaceutical British Industry (APBI) BioIndustry Association Biologic Medicines Access Group (BMAG). The Science team attended meetings of this group in January and February. In addition, the Science Team attended both the Northern and Southern Regional Workshops on Biosimilars led by the Department of Health and organised by the National Group on Biosimilars, as well as joining a WebEx session on biological and biosimilar medicines arranged by Healthcare Improvement Scotland.

The Science Team gave a webinar for Manufacturing Chemist entitled 'Exploring the Differences between Biological and Biosimilar Medicines' which was well attended and well received.

#### **Pharmacovigilance**

The Science Team continues to work closely with the APBI's Pharmacovigilance Expert Network (PEN) and activities planned for 2016 include a QRG on the yellow card scheme/ use of black triangles, particularly in relation to biosimilars. A QRG on the Safe and Effective Use of Medicines: Risk Minimisation Activities and a longer (supporting) guide (Advice for Pharmacists on the Safe and Effective Use of Medicines: Risk Minimisation Activities) are now finalised and awaiting addition to the RPS website by the RPS web team.

#### **Other 'Safety' Activities.**

Following the news that one man had died and five others were being treated in hospital in France following a phase 1 drug trial, RPS Chief Scientist Professor Jayne Lawrence appeared on BBC News at Ten. Her comments were also picked up by 51 radio stations across the UK, as well as appearing online in over 60 international and 25 UK outlets, and in the Financial Times and Daily Express. The team wrote a press release on the issues surrounding the problems with the French clinical trial issues, which was reported on the Science Media Centre web-site.

Working with Dr Legido-Quigley (King's College London), the Science and Public Relations Teams, have continued their work on substances for weight loss and a piece filmed for a full length programme featuring Alex van Tulleken was broadcast in January 2016 as well as filming a piece for a new Channel 4 programme about fakes. To highlight the work the science and media teams have contributed to publicising the dangers of the weight loss agent dinitrophenol (DNP) RPS submitted an application for an FIP award.

In addition, the Team have spoken to Channel 4 News an item about Nurofen and Daily Mail (drugs that alter the sense of smell as well as working with Declan Healey, a researcher for the BBC programme Trust me I am a Doctor to provide information and review the script for an article on branded and generic medicines. The Team also worked by a researcher from the Radio 4 programme, PM, to support his work looking at why children medicines cost so much more than the same medicine for adults.

Following public interest in the first British astronaut, Tim Peake, joining the International Space station, a blog on 'What effect does space have on medicines?' was written.

The Science Team supported the RPS Public Affairs team in providing background information around cannabis and in carrying out a literature evaluation on adverse effects of cannabis. The Public Affairs team required this advice to argue against a motion at a Lib/Dem Party Conference calling for cannabis to be sold from pharmacies.

### ***Recommendation 2 Stimulating New Antimicrobial Development and Improving Antimicrobial Stewardship***

#### **Antibiotics**

The latest in a series of reports from The Review on Antimicrobial Resistance, chaired by Jim O'Neill was published in February 2016 with the title 'Vaccines and alternative approaches: reducing our dependence on antimicrobials'. To coincide with this the Science Team was involved in the preparation of an RPS Press Release and the Chief Scientist wrote a blog on 'AMR and the importance of finding new ways to prevent and treat infections'

The Science Team was invited to attend a meeting in the House of Commons, hosted by Jeremy Lefroy MP, entitled 'Securing the future of antibiotics – A plan of action for 2016.' This event was organised and funded by AstraZeneca. The Team wrote a press release for the Pharmaceutical Journal on the recent call on governments by industry to help tackle antimicrobial resistance.

The Science Team also attended a Public Health England antimicrobial resistance (AMR) workshop, spoke to a journalist for 'The Prescriber' about AMR and attended a meeting of the RPS's AMR Expert Group including supporting its chair.

### ***Recommendation 3 Adopting New Technologies***

#### **Adaptive Clinical Trials**

A blog on Adaptive Clinical Trials has been written and was sent to Dr Liz Allen at Quintiles, who has particular expertise in the clinical trials area, for consideration. The blog is awaiting final sign off from Dr Allen and it is hoped the blog will be posted on the RPS website shortly.

### **Other Activities not linked to the New Medicines Guide Recommendations**

The Science team continues to attend meetings of the Academy of Pharmaceutical Science Board. As chair of the FIP Special Interest Group in Pharmaceutical Technology, the Chief Scientist has attended meetings of this group in Holland and also worked up a proposal for a session at the World Pharmaceutical Congress.

The Science team have given talks entitled 'My Career' and 'How I Became Chief Scientist' to the KCL Pharmacy Society, King's College London, London and the British Pharmaceutical Students Association (BPSA) Southern Region Meeting, respectively, as well as a motivational session to the BPSA students. A lecture entitled 'Science in Pharmaceutical Practice' was given to 4th year pharmacy students at King's College London and attended their Great Pharmacy Debate as a Guest Judge.

The Science team also met with Dr Cristina de Mateas, Nottingham University to explore ways to better promote pharmaceutical science in the media.

### **Up-date from the Pharmaceutical Science Expert Advisory Panel (PSEAP)**

Since the PSEAP was established in 2010 there have been several resignations. A Call for Nominations for the PSEAP was circulated in early February 2016 and many high quality applications were received by the deadline of 28 February. These applications were reviewed by a panel composed of Christine Bond (Chair of the PSEAP), Duncan Craig (Academic member of the Assembly and PSEAP member), Linda Hakes (Pharmaceutical Scientist member of the Assembly and PSEAP member), and Jayne Lawrence (RPS Chief Scientist) and a shortlist of successful candidates selected. (The minutes of the Review Panel meeting where the shortlist of candidates was decided are available if required.) This list will be submitted to the PLBB for ratification, and it is expected new members of the PSEAP will be announced in early May.

At present, the PSEAP has only one representative from hospital pharmacy, and the co-option of additional hospital expertise onto the PSEAP was considered desirable. The Science team would be pleased to hear from the Boards of hospital pharmacists with a particular interest in pharmaceutical science who could be considered for co-option onto the PSEAP.

The most recent meeting of the PSEAP was held on Monday 18 January 2016 and the main issues arising from the PSEAP meeting were:-

- Review the toxicity of e-cigarettes.
- Develop strategies to propose moving cannabis from a schedule 1 to schedule 2 drug.
- Develop guidance and advice for community pharmacists on legal highs and consider writing high level guidance on legal highs that can be sent to the GPhC.
- Consider how best to lobby to get dinitrophenol (DNP), a chemical used for weight loss, classified as a Class C drug and to write guidance on DNP for community pharmacists.

This year's RPS Conference will include a science stream ('Innovation in pharmacy: clinical, practice and science') and the PSEAP have suggested themes for sessions and potential speakers for this stream. The Science team has met with Dr Pat Oakley, who will be leading the science

steam at the RPS Conference, to provide support in developing the science content of the sessions.

The PSEAP has recently submitted a response to a General Medical Council consultation (GMC - Confidentiality: a public consultation on our draft guidance) which was in addition to the response submitted by RPS. Suggestions for the names of individuals from pharmacy or pharmaceutical science who may be potential speakers at the Extreme Medicine Conference were submitted to the conference organisers. The PSEAP are also currently reviewing an ABPI document, 'Bridging the skills gap in the biopharmaceutical industry: Maintaining the UK's leading position in life sciences' which was published in November 2015. The PSEAP intend to send feedback to the ABPI on the content of this document. The PSEAP has also submitted comments to the RPS Accreditation Panel regarding the potential accreditation of undergraduate degrees in the area of pharmaceutical science (but not MPharm degrees).

A small sub-group of the PSEAP has reviewed the Science Awards that are presented by RPS. The sub-group considered the criteria, historical background and previous winners of the Hanbury Award, the Harrison Award, the RPS Science Award, the RPS Excellence in Pharmaceutical Science Award and the Pharmacy Research UK Award. The PSEAP is currently finalising the criteria for each award which will be used to select future award winners.

The PSEAP has set up four working groups with the aim of supporting the RPS's work around implementing the four RPS led recommendations contained in the 'New Medicines' guide.

The working group for 'Ensuring the safe use of medicines' (led by Professor Phil Routledge (Cardiff University)) recently had its first teleconference and identified areas including improving patient understanding of the risks and benefits of their medication, improving pharmacovigilance and reporting of suspected adverse drug reactions, and encouraging developments to aid development of safer medicines as priority work items.

Professor Simon MacKay (Strathclyde University) is leading the working group on 'Stimulating new antimicrobial development and improving antimicrobial stewardship. This working group includes both members of the Antimicrobial Expert Advisory Group (AmEAG) and co-opted antimicrobial expertise. While the AmEAG will lead on developing antimicrobial stewardship and patient education, the PSEAP working group will concentrate on the area of developing new antimicrobials. To start this process, the working group will initiate an audit of Schools of Pharmacy to determine the extent of antimicrobial research and approach research councils to identify where antimicrobial drug discovery is being funded.

The 'Adopting new technologies' working group (led Professor Gino Martini (King's College London)) identified Biopharmaceuticals as its main priority work area. Prof Martini has approached the Pharmaceutical Journal who were receptive to the idea of receiving opinion pieces on specific new technology areas. The working group are currently identifying suitable subject areas for opinion pieces

The working group for 'Increasing the evidence base for pharmacy' (led by Professor Christine Bond (Aberdeen University)) agreed that further expertise was required to supplement that already available within the working group. An invitation for co-option onto the working group was widely circulated and the application received reviewed, and two applicants identified for



co-option. A teleconferences for the working group and the newly co-opted members will be held during April 2016.

**Author: Professor Jayne Lawrence**

## **5. Faculty and Foundation update to RPS National Boards: Q1 2016**

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## Purpose

Faculty and Foundation activity is reported to the Executive Team and provides a summary of:

- Faculty Metrics
- Activity summary during the reporting period (Q1 2016)
- Activity plan for the upcoming reporting period (Q2 2016)
- Summary of active risks from risk register

## 1. Strategic Imperatives

### Strategic Imperative I

Every member will be supported to develop and advance, by RPS Tutors and Mentors at every stage of their career, from day-1 to career end, to ensure excellence of practice to secure the safety of patients and the public and the medicines that they take.

### Strategic Imperative II

Every member will have access to a roadmap of quality assured education, training, development and assessment opportunities, mapped to the RPS career stages, through our accredited provider models.

### Strategic Imperative III

The quality of support, development and assessment and gathering evidence through portfolio building will be highly regarded:

- as a model to support continuing professional development by GPhC (accredited as the gold standard for revalidation/CFtP/CI)
- by employers as a requirement for all roles across all sectors
- by education providers as a route for career support
- by other Royal Colleges, professions, regulators, commissioners and by patients and the public, as a consistent and reliable means of assuring the quality of services by RPS members

## 2. Faculty Metrics

Current metrics are summarised below.

- At the end of the reporting period, (to 31 March 2016) 3,159 members are accessing Faculty tools and resources and 1,807 members are building their Faculty portfolios.
- The total number of submissions at the end of Q1 2016 is 404
- The number of submissions received in Q1 2016 is 7 (England=5; Wales=2) leaving a total of 243/250 to achieve over 9 months.
- FFMG has agreed to accept submissions in November and December 2016 (original plan was January to October)

**Table One (and Graph): Average monthly number by quarter\* of members accessing tools, building portfolios, submitting for assessment.**

	Members Accessing Faculty Tools	Members Building Faculty Portfolios	Members Submitting for Assessment
<b>Q2-2013*</b>	38	27	
<b>Q3-2013*</b>	184	139	
<b>Q4-2013*</b>	96	34	25
<b>Q1-2014*</b>	144	25	18
<b>Q2-2014*</b>	85	37	9
<b>Q3-2014*</b>	77	53	8
<b>Q4-2014*</b>	102	74	20
<b>Q1-2015*</b>	72	43	14
<b>Q2-2015*</b>	72	50	16
<b>Q3-2015*</b>	69	36	17
<b>Q4-2015*</b>	61	32	5
<b>M1-2016+</b>	63	52	3
<b>M2-2016+</b>	83	45	4
<b>M3-2016+</b>	51	60	0
<b>Q1-2016</b>	197	157	7

\* expressed as total number of submissions divided by three (months in quarter); +actuals for month

Graph to be added; remove two tables below when done

**Table (by month): Numbers of Members Accessing Tools**

	Members accessing in 2013	Members accessing in 2014	Members accessing in 2015	Members accessing in 2016
January		160	38	63
February		200	96	83
March		73	83	51
April		65	73	
May		89	69	
June	113	101	75	
July	193	74	49	
August	247	50	61	
September	113	108	96	
October	98	94	69	
November	113	143	62	
December	76	70	52	
<b>Total for the year</b>	<b>953</b>	<b>1,227</b>	<b>823</b>	<b>197</b>
<b>Cumulative</b>	<b>953</b>	<b>2,180</b>	<b>3,003</b>	<b>3,200</b>

**Table (by month): Numbers of Members Building Portfolios**

Month	Members building portfolios in 2013	Members building portfolios in 2014	Members building portfolios in 2015	Members building portfolios in 2016
January		16	50	52
February		39	28	45
March		20*	51	60
April		30*	54	
May		35*	53	
June	82	45*	44	
July	122	25	38	
August	127	47	34	
September	167	87	35	
October	40	163	25	
November	3	36	35	
December	59	24	36	
<b>Total</b>	<b>600</b>	<b>567</b>	<b>483</b>	<b>157</b>
<b>Cumulative Total</b>	<b>600</b>	<b>1,167</b>	<b>1,650</b>	<b>1,807</b>

### 3. Foundation Programme Metrics: Quarter 1 2016

Current metrics are summarised below.

**Table Two: Foundation pharmacists and Tutors completing assessment tools and activating portfolios.**

	No. assessment tools completed	No. activated Foundation Practice Portfolio	No. activated Tutor portfolios
<b>01-2016</b>	23 (19)	113	26
<b>02-2016</b>	45 (43)	143 (139)	44 (43)
<b>03-2016</b>	32	84	23
<b>Q1-2016</b>	100	340	93
<b>TOTAL</b>	274	1840*	477

**Table Three: Foundation pharmacists enrolled on Foundation Programmes through accredited Foundation Providers**

	Total No. FDN pharmacists in Schools	Total No. FDN pharmacists with Training Providers	FDN Pharmacist TOTAL
<b>Q1 2016</b>	Approx. 650 (exact no. to be confirmed by Q2)	344	994

**Table Four: Metrics for pharmacists in first 3 years of practice (NB RPS Foundation Programme tools available as of 2015)**

	No. RPS members qualified in 2013 - 2015 (as per M&M)	No. of RPS members on Foundation Programme with accredited provider	% on Foundation Programme with accredited provider	No. recognised RPS Foundation Tutors
<b>As at Q1 2016</b>	3698	Approx. 994	27%	Not yet available
<b>TOTAL</b>	3698	Approx. 994	27%	Not yet available

(this does not include Foundation pharmacists completing the programme independently)

## 4. Faculty and Foundation Activity Summary – Quarter I 2016

Work Stream	<b>Q1 ACTIVITY</b> <b>(E) = England; (S) = Scotland; (W) = Wales; (I) = International</b> <b>(No flag) = GB-wide</b>
<b>PROCESS</b>	Faculty <ul style="list-style-type: none"> <li>• End to End review completed on the Faculty assessment and submission process</li> <li>• Assessor guidance being reviewed and developed</li> <li>• Processes feedback collated from Faculty Champions launch events and committed to updated guidance and workplans.</li> </ul>
	Foundation <ul style="list-style-type: none"> <li>• Development of Foundation assessment process</li> </ul>
<b>ACCREDITATION</b>	Faculty <ul style="list-style-type: none"> <li>• Accreditation of Training and Development Materials and Events: WCPPE Leadership Programme under review (W)</li> <li>• RPS accreditation: 4 training events, 2 training programmes, 1 published material</li> <li>• Accreditation of Training Providers:               <ul style="list-style-type: none"> <li>- First RPS affiliated group, UKCPA has submitted for training provider accreditation and this is currently in progress</li> <li>- Accreditation telecon with HIVPA re: Accreditation as a Faculty Training Provider</li> </ul> </li> </ul>
	Faculty Accreditation Income Q1: £0
	Foundation <ul style="list-style-type: none"> <li>• Foundation Training Provider accreditation in progress: UKCPA</li> <li>• Foundation Pharmacy School accreditation application: Northern Ireland Centre for Pharmacy Learning and Development (I)</li> <li>• Foundation accreditation support: Liverpool John Moores University: MSc/PgDip/PgCert: Clinical Pharmacy in Primary and Interface Care (E)</li> <li>• UCL/KCL Joint Foundation Pharmacy School meeting: update against RPS accreditation action plan (E)</li> <li>• Recruitment of 1 Foundation accreditation reviewer</li> <li>• Foundation Pharmacy School accreditation application support: University of Manchester (E)</li> <li>• Development of Opportunities for accredited Affiliated Partners document</li> <li>• Follow up accreditation telecons with Boots and Rowlands</li> <li>• Launch of Pharmacy Foundation School and Foundation Training Provider Network</li> </ul>
	Foundation Accreditation Income Q1: £3000

<b>CURRICULA</b>	<p>Faculty and Foundation</p> <ul style="list-style-type: none"> <li>• Progress with Core Advanced Curriculum and Other Knowledge Guides (Helena Rosado and SCGs)</li> <li>• Online record Knowledge Interface Tool (KIT) for the Core Advanced Practice and Expert Practice Curricula developed.</li> <li>• Continuous development of the KIT and initiation of the National Training Programmes</li> <li>• Revisions of KIT - a collection of stratified and integrated knowledge items from foundation through to faculty stages for generalist and specialist areas of practice - to enable further identification of overlaps and/or repeated knowledge items.</li> <li>• New Wiki pages will be designed and developed to facilitate future “population” by Affiliated Partners.</li> <li>• Curricula Panel meeting 23/03 for updating/ feedback on future development.</li> </ul>
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	<p>Faculty</p> <ul style="list-style-type: none"> <li>• RPS/Secure environments joint meeting 07/01/16 (5 attendees) (E)</li> <li>• Boots Faculty session 13/01/16, London (21 attendees, 1 submission) (E)</li> <li>• Sheffield, Rotherham and Barnsley LPF event 19/01/16 (13 attended and 3 close to submitting) (E)</li> <li>• Royal Berks Hospital lunchtime Faculty session on 20/01/16 (20 attendees) (E)</li> <li>• Manor Pharmacy webinar on 21/01/16 (2 attendees)</li> <li>• Avicenna media awards 22/01/16 (big exposure)</li> <li>• Champions training event London 24/01/16 (27 attendees) (E)</li> <li>• London Chief Pharmacists (Acute and CCG) – 26/01/16 (approx. 60 attendees) (E)</li> <li>• Avicenna webinar recording and video outline 26/01/16- Avicenna HO Wednesday 27/01/16</li> <li>• New Year Faculty Taster, Birmingham, 28/01/16 (10 attendees) (E)</li> <li>• Boots Clinical governance/teacher practitioner Faculty workshop North 29/01/16 (Manchester, 20 attending) (E)</li> <li>• LPF events: (Sheffield, Rotherham and Barnsley) 19/01/16 ' Faculty Getting Started.' (15) (E)</li> <li>• Birmingham &amp; Solihull held a Faculty portfolio taster workshop on 27/01/16 – 16 attendees. They're planning another for next month. (E)</li> <li>• RBH session (Lead of education and training/Chief Pharmacist attended) (20) (E)</li> <li>• Wales Board position statement for elected members to engage with Faculty – shared with country Board Directors Position statement for RPS staff drafted. (W)</li> <li>• West Yorkshire LPF Faculty and Foundation surgery (09/02/16), Brighouse (9 attendees). (E)</li> <li>• Boots Faculty session (10/02/16), Fenchurch Street, London (4 attendees) (E)</li> <li>• RPS Thames Valley Faculty event (11/02/16), High Wycombe (11 attendees) (E)</li> <li>• Modular Webinar 1 (12/02/16): Expert Professional Practice (18 attendees from Iceland) (I)</li> <li>• Champion Leads training webinar (17/02/16; 11 attendees)</li> <li>• Boots Clinical governance/teacher practitioner Faculty workshop (18/02/16): Aston University (Birmingham, 20 attended) (E)</li> <li>• Modular Webinar 2 (22/02/16): Expert Professional Practice (18 attendees from Iceland) (I)</li> <li>• Avicenna Faculty training event and live Q&amp;A (24/02/16) Avi HO (68 attendees)</li> <li>• MHRA Faculty session (29/02/16 – CEO, DPDS, HoF) London (25 attendees)</li> <li>• Modular Webinar 3 (12/03/16): Collaborative Working Relationships (18 attendees from Iceland) (I)</li> <li>• Avicenna Faculty Training Day (13/03/16)</li> <li>• RPS London Press Team Faculty Support Session with Asha Fowells (15/03/16)</li> <li>• Birmingham &amp; Solihull LPF Faculty portfolio taster workshop (17/03/16) (E)</li> <li>• North-East England Chief Pharmacists (Acute and CCG) (21/03/2016) – 15 attendees (E)</li> <li>• Modular Webinar 4 (22/03/16): Collaborative Working Relationships (18 attendees from Iceland) (I)</li> <li>• RPS London Staff Faculty Portfolio Support Sessions, Bell Room, every Monday 10:30 until 12:00 starting from 21/03/16 (date of review: 20/06/16)</li> </ul> <p>Faculty Champions Project Plan implemented with M+M</p> <ul style="list-style-type: none"> <li>• Delivered Faculty Champion Leads training event in England and obtained case study photos and copy for future communications (E)</li> <li>• Wales Faculty Champion Leads training event (04/02/16) (W)</li> <li>• Scotland Faculty Champion Leads training event (06/02/16) (S)</li> <li>• Exceeded the target of 50 Faculty Champions (48-England, 14-Wales, 22-Scotland, 2-Northern Ireland). Now 87 Champion leads.</li> <li>• 19 workshops have been held (8 more scheduled) by Champion Leads, generating 102 warm leads (more to follow) who have all been followed up. 17 Mentee relationships have been confirmed.</li> </ul>
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	<p>Foundation</p> <p>Engagement Summary:</p> <ul style="list-style-type: none"> <li>• Engagement with RPS Affiliated Partners re delivery of Foundation Assessments</li> <li>• BPSA conference: Foundation session delivered to 150 delegates</li> <li>• Birmingham and Solihull LPF telecon: update on Tutor workstream and plans agreed re the development of Tutor training in Birmingham (E)</li> <li>• Royal Institute of British Architects: invited to share experience around development of programmes to assess and support career development</li> <li>• 2016 Foundation champion strategy developed</li> <li>• Engagement strategy for Tutors under development</li> <li>• Birmingham and Solihull LPF Foundation champion led presentation to Foundation tutors (E)</li> <li>• Boots pre-registration conference: presentation to all approx. 500 Boots pharmacists regarding the RPS Foundation Programme and Boots accreditation; RPS stand at conference promoting the RPS and the RPS Foundation Programme</li> <li>• Nottingham University student conference – presentation on the RPS, pre-reg and Foundation Programme (E)</li> <li>• Reading University student conference – pre – reg and Foundation Programme. (E)</li> <li>• CPPE/RPS Away Day</li> <li>• Social media strategy: twitter and facebook</li> </ul> <p>Marketing/Comms Activity Summary:</p> <ul style="list-style-type: none"> <li>• Continued support of Foundation stage pharmacists part of RPS Foundation peer support group – led by Daniel Sutcliffe (RPS Foundation pharmacist): 11 now partnered with Foundation Tutors. 17 engaged in programme.</li> <li>• Foundation update provided for LPF Steering Group Leads quarterly newsletter</li> <li>• Development of Foundation animation: Uploaded the foundation animation to the foundation homepage and sent out two email campaigns to members (2,767) and lapsed members (2,124) to promote this.</li> <li>• Development of Foundation assessment journey infographic</li> <li>• Refresh and printing of Foundation pharmacist promotional packs</li> <li>• Foundation peer group: Communicated with to make aware of the Foundation animation and infographic, invited to take part in a doodle poll for a Foundation webinar in April.</li> <li>• Foundation animation promoted on Facebook which reached 928 people, and had 138 video plays. In total the Vimeo video has had 250 video plays now.</li> </ul>
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## RESOURCES

## Faculty

- Foundation and Faculty ‘Top Ten Essential Guides’:
  - 1. RPS Professional development for every stage of your career
  - 2. How this fits with your career
  - 3. Why is professional development important
  - 4. Getting Started with RPS Career Development Programmes
  - 5. Portfolio Development and Support
  - 6. RPS Assessments
  - 7. CPD
  - 8. RPS Assessors
  - 9. Accredited Providers
  - 10. RPS Affiliated Partners
  - Supplementary: Guidance for Faculty Assessors 2016

## Web Team Activity Summary

- Work started on PAT change requests, features and minor bugs.
- Faculty portfolio scoring and assessment submission changes: in UAT phase
- PAT and Faculty Assessment Scoring system changes: in UAT phase
- Developments started on resubmission of portfolios and new submissions by existing Faculty members – proposed testing w/c 14/03/16.
- Requirements gathered and change has been made to the events system to tag events as ‘Faculty’ or ‘Foundation’ which means a dynamic events RSS feed can be added to content pages to promote events. This can be factored into the content changes for future events
- A first draft of the new Faculty main page, and 3 key sub-pages (about the Faculty/apply for access, portfolio & assessment), with a new layout & refreshed content, have been completed. Comments received from marketing. Changes to be made once comments have been received from Faculty team.
- New Faculty & CFtP landing page developed for Faculty ad in C&D
- Revamped Professional Development section to go live mid April – with essential guides

## Foundation

- ‘Top 10 Essential guides’ to support professional development at all career stages: under development (see above for title details)
- Reflective Account tool launched (Foundation assessment tool)
- RPS Tutor guidance: pre-registration supplement finalised
- RPS Tutor guidance: foundation supplement finalised
- Web development meeting to determine plans and timelines for 2016
- Foundation Tutor Training Guidance published
- Foundation Tutor Principles published
- Web: Foundation reporting and admin functionality went live
- Web: development of technical specification document for Record of In-Training Assessment and Foundation dashboard area. Foundation Training (RITA I and II) User stories and estimates provided. Development of user stories to be completed by 3<sup>rd</sup> June, following by testing and bug fixing, with scheduled go live date 29<sup>th</sup> June
- New version of iRX went live and we are able to collect user information. The app had 173 sessions from 76 users.
- Development of ‘Use of RPS Materials by External Organisations’ document
- Page editor: ‘Develop’ section of Annual Review
- Revamped Professional Development section to go live mid April – with essential guides

## 5. Faculty and Foundation Activity Plans – Quarter 2 2016

Work Stream	QI PLANS
<b>PROCESS</b>	Faculty <ul style="list-style-type: none"> <li>• Review monthly submissions process</li> <li>• Review modular webinars</li> <li>• Quarterly Submissions and Assessments Review</li> </ul>
	Foundation <ul style="list-style-type: none"> <li>• Develop Foundation assessment process for Return to Practice</li> </ul>
<b>ACCREDITATION</b>	Faculty <ul style="list-style-type: none"> <li>• UKCPA Faculty Accreditation</li> <li>• UCL Faculty Accreditation Application expected</li> </ul>
	Foundation <ul style="list-style-type: none"> <li>• Foundation Accreditation of 2 Training Providers or Schools</li> <li>• Recruit 1 Foundation accreditation reviewer</li> </ul>
<b>CURRICULA</b>	Faculty and Foundation <ul style="list-style-type: none"> <li>• Affiliated partners to lead continuous development, quality assurance and co-production of re-purposed professional knowledge guides (curricula) facilitated by the purpose-built KIT.</li> <li>• Experts to review the KIT</li> <li>• RPS governance for online tool (available features, easiness of navigation, etc.) and its contents (curricula/knowledge guides).</li> <li>• Use of KIT by reviewers/ affiliated partners – content additions/ links to wiki resource page, integration</li> <li>• Revision and development of the knowledge guides</li> <li>• Develop formalised training programmes for specialty development and formal structures for education and development for career planning.</li> <li>• Working in collaboration with respective affiliated partners, create and develop each NTP; initial pilot NTPs: Critical care (UKCPA), Cardiac/HAT (UKCPA), Infection (UKCPA) and Cancer (BOPA). We will also consider Respiratory (UKCPA), Diabetes (UKCPA) or Neurology (UKCPA/CMHP).</li> <li>• Develop the KIT (containing knowledge guides/wiki) to develop a pilot online NTPs database with features linked in a multidimensional way to facilitate navigation by NTP providers and by NTP users.</li> </ul>

# ENGAGEMENT

## Faculty

- Review Impact of New Faculty Champions Programme
- Progress Faculty Development Service alongside CFtP developments
- Implement Board Position Statement
- Implement RPS Staff Position Statement
- Engage Hospital and CCG Chief Pharmacists (East of England, South-West England planned)
- Progress Sectoral Engagement Plan (community, industry, GP Practices, academia, secure environments)
- Continue 'Scotland' Strategy (S)
- Follow Up Wales Visit; contact WCPPE cohort (W)
- NPPG / BOPA Conferences
- Advertising Campaign (M+M)
- Complete A+S Task and Finish Group

## Future engagement (confirmed events)

- Modular Webinar 5-a (06/04/16): Practical session: adding entries and PAT plus CV (9 attendees from Iceland) (I)
- Modular Webinar 5-b (07/04/16): Practical session: adding entries and PAT plus CV (9 attendees from Iceland) (I)
- RPS Steering Group Webinar (April and May date tbc)
- Modular Webinar 6-a (13/04/16): Practical session: adding entries and PAT plus CV (9 attendees from Iceland) (I)
- Modular Webinar 7a (13/04/16): Management Cluster in detail (9 attendees from Iceland) (I)
- Modular Webinar 7b (14/04/16): Management Cluster in detail (9 attendees from Iceland) (I)
- Faculty peer support session, Kingston University (17/04/16) (E)
- Modular Webinar 6-b (18/04/16): Practical session: adding entries and PAT plus CV (9 attendees from Iceland) (I)
- Faculty workshop in Royal Papworth Hospital (22/04/16) (E)
- Clinical Pharmacy Congress (22nd and 23rd of April 2016): 4 Faculty surgeries and one presentation on 22/04/16 and 4 Faculty surgeries on 23/04/16
- LPF Development Day Southampton (24/04/16) (E)
- Community Pharmacy Competence Stakeholder Group (27/04/16)
- RPS London Staff Faculty Portfolio Support Sessions, Bell Room, every Monday 10:30 until 12:00 starting from 21/03/16 (date of review: 20/06/16)
- 25 pharmacists throughout Rhondda, Cynon and Taf Valleys commissioned by Director of Medicines Management are expected to be Faculty Members by 2018 – support is provided from E&T team at Cwm Taf University Health Board and Wales team of Faculty Champions. (W)
- JOMO-UKCPA Diabetes Event – Manchester (17/05/2016 - HoF)
- Pharmacy Management Regional Roadshow – Leeds (23/06/2016 – HoF)

## Pipeline Review - Expected number of submissions in 2016: **534**

- RPS Staff: 58 - Weekly portfolio building support session in London office from 21<sup>st</sup> March 2016; Plans are in place to visit the Wales and Scotland in April/May 2016
- Faculty Champion Leads Programme: 87 Champion Leads committed to mentor 2 members through their Faculty journey in 2016 - 176
- Boots: 60 (2 submitted)
- Avicenna: 35
- Pipeline 3: Last 6 months members building their portfolio: 187
- Webinar: 18
-

	<p>Foundation</p> <ul style="list-style-type: none"> <li>• Implement 2016 Foundation champion strategy</li> <li>• Foundation Champion training</li> <li>• Email and social media strategy</li> <li>• Engage with 2 employers re Foundation Programme and accreditation</li> <li>• Engage with 2 Schools re Foundation Programme and accreditation</li> <li>• 25 RPS Tutors identified</li> </ul>
<b>RESOURCES</b>	<p>Faculty</p> <ul style="list-style-type: none"> <li>• Development of Faculty Assessment site for resubmission</li> </ul>
	<p>Foundation</p> <ul style="list-style-type: none"> <li>• Development of 2 Foundation resources</li> <li>• Web development x 2 (RITA &amp; reporting area)</li> <li>• Support guide for web development x 1 (RITA)</li> <li>• Support video for assessment tool x 1</li> <li>• Develop Foundation assessor guidance</li> <li>• Publish Foundation Tutor Guidance</li> </ul>

## 6. Faculty and Foundation Programme Risk Register Summary – Active Risks

Faculty is currently tracking six risks on the risk register. Three risks have active processes in place to reduce the risk, three are managed risks. The Foundation Programme is currently tracking three risks on the risk register. One risk has active processes in place to reduce the risk, two are managed risks.

### Active Risk Summary

Risk Description	Current Actions	Current Score / RAG
<b>Budget</b> The numbers of Faculty Submissions will not meet the 2015 business plan target. Based on current volumes, projected revenues will fall short of budget.	<ul style="list-style-type: none"> <li>A revised forecast of 200 submissions.</li> <li>Plans and strategies in place for advocacy, outreach, engagement and support to maximise member conversion to submission for assessment.</li> <li>10-point plan in place to mitigate risk of not meeting target.</li> </ul>	15
<b>Awareness and Engagement with profession</b> Relevance of RPS Faculty to practise remains low. RPS surveys show a wide awareness of the Faculty however lack of relevance is observed by face to face events.  There is a risk that the RPS message around the Faculty will not reach all targeted members	<ul style="list-style-type: none"> <li>Comprehensive advocacy and outreach plan and strategy targeting the stages of Faculty support needed, including follow ups approaching assessment deadlines.</li> <li>'One-pager' Marketing strategy produced for Faculty Board</li> <li>Faculty Champions programme implemented.</li> <li>LPF engagement to ensure face to face local engagement</li> <li>Draft review of Faculty Vision and Strategy linked to RPS's offer for Professional and Career Development</li> </ul>	12
<b>Faculty software</b> Bugs in software can impact the user experience, trust in the website, and delivery of scheduled projects.	<ul style="list-style-type: none"> <li>IT issues log created and shared with the webteam.</li> <li>All developments are briefed into the Web Team by the Faculty Team. Documentation is written to understand required functionality. The build process includes testing from both parties to ensure the piece of work meets the functionality agreed to reduce the risk of putting software live with bugs.</li> <li>The Faculty Team had a discussion with the Web Team to understand the difference between bugs and enhancements to functionality previously agreed, and how to log both with the website team.</li> <li>If bugs are raised then they are resolved as a matter of urgency.</li> <li>If regular experience issues are raised then the help documentation can be updated to aid users. There is a help page for every Faculty/Foundation application.</li> </ul>	12
<b>Foundation Web Developments</b> The Foundation Programme requires web developments of assessment tools over 2016, which is essential for use by the current cohort of pharmacists undergoing Foundation Training through our accredited Foundation Training Providers. The RPS web team have limited capacity due to the RPS website upgrade project, and there may be tight deadlines for testing, require availability of testers at short notice.	<ul style="list-style-type: none"> <li>The risk has been highlighted to the web team to ensure they are aware of the need for strict deadlines.</li> <li>The Foundation team are aware of the need to be available for testing and will work to accommodate this. Staff from the PDS Professional Support team are being involved from an early stage to increase the pool of testers</li> <li>The Foundation team will meet weekly with the web team to be updated on progress. If web team does not have the capacity to deliver, then this work will need to be outsourced at short notice.</li> </ul>	12

**Authors: Stuart Semple and Beth Ward**

16.04/WPB/13ii  
Open Business

## Welsh Pharmacy Board meeting

<b>Title of item</b>	Rpharms website redevelopment project
<b>Open, confidential or restricted item</b>	Open
<b>Author of paper</b>	Nick David
<b>Position in organisation</b>	Website Manager
<b>Telephone</b>	020 7572 2288
<b>E-mail</b>	<a href="mailto:Nick.david@rpharms.com">Nick.david@rpharms.com</a>
<b>Item to be led at the meeting by</b>	
<b>Purpose of item (for decision or noting)</b>	For noting
<b>Headline summary of paper</b>	<p>This paper provides a brief update on the rpharms.com website redevelopment project since January 16.</p> <ul style="list-style-type: none"> <li>• The tender process was completed in January 16 and an agency called Cantarus were selected</li> <li>• Work began on 29/2/16 and project is at the 'discovery phase' stage which involves the agency researching the organisation and the project via interviews with staff, stake holders and members</li> </ul>

## 1 About the project

The redevelopment of the rpharms.com website is a corporate project that has the potential to increase the impact of every directorate's work. The project has cross directorate buy in and support, and many staff across the business have already contributed in shaping the project deliverables.

### Technology

To deliver a new content management system and infrastructure to host our content and better integrate our existing website applications.

### Customer and member experience

To review and improve the experience that members face when interacting with the website. This will focus on the navigation and implementation of responsive design.

### Content strategy

To review how content is produced and published to the website. This will help improve member engagement, and introduce digital first workflows.

## 2 Progress to date

### Completion of tender process and agency selection

A thorough tender process took place between November 15 and January 16 with five proposals considered by the Tender Panel. The decision was based upon research of the agency, the software, and the cost.

The Tender Panel unanimously found Cantarus as the most suitable tenderer to deliver the project.

Cantarus are a respected digital agency specialising in the development of digital strategies and transactional, engaging websites that support organisations' strategic objectives. They have good experience with membership, commercial, charitable and public sector organisations including undertaking technology projects for:

National Association of Head Teachers, Royal College of Nursing, British Association for Behavioural & Cognitive Psychotherapies, International Association of Oil & Gas Producers, Confederation of British Industries, Stroke Association, WH Smith, WD40, and Sports Direct.

They are currently working on digital transformation projects for the Institute of Directors, Chartered Institute of Logistics & Transport, and the British Equine Veterinary Association.

They are recognised as a global leader in the provision of DNN Evoq solutions, a DNN Gold Partner, and four-time winners of the DNN Partner of the Year award.

The DNN Evoq product is an open source content management system which meets our technical and financial requirements. It allows us to consolidate content and user generated content in one platform whilst allowing integration with our existing applications. The licensing model is also reasonable due to it's the open source roots.



## **Commencement of the project**

The project's discovery phase is underway and its main objective is to deliver an agreed and specified plan for the successful delivery of the project. Scheduled to last four weeks, the phase includes research with staff and stakeholders across the business in the following areas:

- Defining the project purpose and understanding the business
- Senior stakeholder interviews – Executive Team and National Board Chairs or Vice Chairs
- Interviews with RPS staff and RPS members
- Audience analysis
- Content strategy
- Information architecture
- Future business intelligence planning
- Member engagement
- Communication plan
- Creative design requirements
- Integration with RPS Applications, CRM, and other systems
- Infrastructure
- Compilation and phasing of requirements

A lot of these areas have interactions with members, either by receiving feedback from interviews, surveys, or by analysing their usage of the current website.

## **3 Next steps**

- The main output of the discovery phase is the final project plan and the key milestones will be communicated to stake holders.

If you require further information about the project please contact Nick David on 020 7572 2288 or via [nick.david@rpharms.com](mailto:nick.david@rpharms.com).

## Scottish Pharmacy Board Meeting

## PUBLIC BUSINESS

**Meeting to be held on Wednesday 20 April 2016, at Holyrood Park House, 106 Holyrood Road, Edinburgh, EH8 8AS.**

**The Board meeting will commence at 10:30 am in the Duncan Room.**

**Please note:**

1. Board members are asked to advise Alex MacKinnon / Carolyn Rattray at least 48 hours before the date of the meeting if there are items, detailed as for information, which may require discussion.
2. Oral presentations to the Board should not normally exceed 15 minutes, in order to allow adequate time for discussion. Where allocated time slots are less than 15 minutes, presentation time should be reduced accordingly to accommodate questions and discussion.

### **PUBLIC BUSINESS AGENDA**

Item number and start times	Subject	Purpose	Related papers/ slides	Objective	Item led by
1 (10.30)	Welcome	For information	No paper	Welcome and introductions to members and guests	Vice-Chair
2	Apologies	For information	No paper/Verbal address	To note apologies.	Vice-Chair
3	Declarations of Interest	For information	16.04/SPB/03	To note declarations of interest (either standing interests or interests specific to this meeting)	Vice-Chair
4 (10.35)	Minutes	For approval	16.04/SPB/04	To approve minutes from the SPB Public Business meeting held on 20 January 2016. (Board members are asked to	Vice-Chair

				forward any amendments to CR / AMacK in advance of the meeting).	
5 (10:40)	Matters arising	For raising	No paper	To note matters arising from the above minutes that are not specifically included on the agenda.	Vice-Chair
6. (10:55)	Prescription for Excellence (PfE)	For information and discussion	No paper	AMacK to provide updates on the PfE Steering Board and PfE Reference Group.	Alex MacKinnon
7. (11:05)	SPB Business Plan 2016 Q1	Update	16.01/SPB/07 (Paper to follow)	Alex MacKinnon (Director for Scotland) to provide a brief update on Q1 with regard to the delivery of the Scottish Pharmacy Board's 2016 Business Plan.	Alex MacKinnon
<b>Refreshment break – 11:35 to 11:45</b>					
8. (11:45)	Update on RPS Conference 2016	For information	Verbal	To update the SPB on progress related to the RPS conference for September 2016	Dr Anne Boyter
9. (11:50)	NES / RPS Educational Project	For information and noting	16.04/SPB/09	Deborah Stafford, Educational Development Pharmacist to present the final NES / RPS Educational Project Report to the SPB.	Deborah Stafford
10. (12:10)	NES / RPS Seminar 17 May 2016	For noting	16.04/SPB/10	Verbal update on <i>Shaping Pharmacy Practice for the Future: One for All and All for One.</i>	Annamarie McGregor
11. (12:20)	Policy and consultations	For information		GPhC consultations Update on rebalancing and DH work-streams Managed repeats	Aileen Bryson
	First draft of RCGP/RPS Joint Statements No 1	For noting and feedback	16.04/SPB/11(i)	To outline the role of a pharmacist working in a GP practice and the advantages of this synergies, particularly for those GPs who have not worked with pharmacists previously	Aileen Bryson

## Scottish Pharmacy Board Meeting

## PUBLIC BUSINESS

	Pharmacists working in GP surgeries				
	Falsified Medicines Directive		16.04/SPB/11(ii)		Charles Willis
12. (12:50)	Public Affairs				Susanne Cameron-Nielsen
	(i)SPB Manifesto 2016	For information and noting	16.04/SPB/12(i) (paper to follow)		
	(ii)Scottish Political Parties' manifestos in relation to health policy	For information and noting	16.04/SPB/12(ii) (paper to follow)		
	(iii)Holyrood Round Table	For discussion	No paper		
	(iv)RPSiS Stakeholder Newsletter	For agreement	16.04/SPB/12(iv) (paper to follow)		
	(v)RPSiS Parliamentary Reception (Nov 2016)	For agreement	16.04/SPB/12(v) (paper to follow)		
Lunch – 13:00 to 13:40					

13. (13:40)	Dementia Friends	For discussion and agreement	NO PAPER	Discussion on SPB view on supporting dementia friends initiative	Annamarie McGregor
<b>Lunch – 13:00 to 13:40</b>					
14. (14:00)	Professional Development and Support Update	For information and noting	16.04/SPB/14	This paper includes the Science and Research Update and the Library and Museum Update	Dr Catherine Duggan
15. (14:10)	Chair and Vice-Chair's Report	For information and noting	16.04/SPB/15 (Paper to follow)	To note an update from the Chair and Vice-Chair.	Vice-Chair
16. (14:15)	Website Development Project	For information and noting	16.04/SPB/16	An update on the current RPharms website redevelopment project.	Susanne Cameron-Nielsen
17. (14:20)	Key messages	For decision	Verbal	SPB to agree key messages for pharmacy press from the meeting.	Susanne Cameron-Nielsen
18. (14:30)	Any other business			Scottish Pharmacy Board members should inform the Board Secretary in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Vice-Chair
19. (14:35)	Dates of next meetings	For information	(All dates to be diarised. Board meeting dates are firm dates but working days will only be used at the discretion of the Chair and Director for Scotland).	<ul style="list-style-type: none"> <li>Tuesday, 14 June 2016 (SPB Induction)</li> <li>Wednesday 15 June 2016</li> <li>Wednesday, 28 September 2016</li> </ul>	Vice-Chair
<b>Close of meeting: 14:35</b>					



Scottish Pharmacy Board Meeting

**PUBLIC BUSINESS**

**There will be a 10 minute refreshment break before commencing the Confidential Business meeting.**

English Pharmacy Board meeting 13<sup>th</sup> April 2016

## OPEN BUSINESS

**Open Business will be taken between 10.30am and 15.45pm**

**Confidential business will be taken between 15.45pm – 17.00pm**

**Lunch will be taken between in the staff restaurant 13.00 – 13.40**

**The meeting will be held in The Events Room, 4<sup>th</sup> floor at the Royal Pharmaceutical Society, 66 East Smithfield, London E1W 1AW**

### **OPEN BUSINESS AGENDA 13<sup>th</sup> April 2016 (followed by a short confidential session – separate agenda)**

Item ( pprox.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by
1 (10.30)	Welcome	For noting	No paper/Verbal address	Welcome and introductions of members and guests and in particular to:- Lottie Bain(BPSA), Mike Holden, Wessex LPF; Lara Rose, West Yorkshire LPF	Chair
2	Apologies	For noting	No paper/Verbal address	To note apologies	Chair
3	Declarations of Interest	For noting	16.04/EPB.03	To note declarations of interest (either standing interests or interests specific to this meeting)	Chair
4 (10.40/ 5 min)	Minutes	For decision	16.04/EPB.04 and b	To approve minutes from the open business of EPB meeting on 28 <sup>th</sup> January (a) and 8 <sup>th</sup> February (b) 2016	Chair
5 (10.45/ 10mins)	Matters arising	For noting	16.04/EPB.05	To note matters arising from the above minutes that are not specifically included on the agenda	Chair

6 (10.55/30 mins) Time allowance for issues that may have arisen and need to be discussed)	Update papers and verbal reports on various work streams	For noting	16.04/EPB.06 (i) – (vii)  (i) Corporate Communications Update  (ii) Public Affairs verbal update  (iii) Local Practice forum update  (iv) Information Management & Technology  (v) Pharmacy Public Health Forum (cover paper and verbal update)  (vi) Consultations and Policy  (vii) Medicines Optimisation  (viii) Web development update	To note the updates	Neal Patel  Charles Willis  Alice Dartnell  Sultan “Sid” Dajani/Heidi Wright  Helen Gordon  Heidi Wright  Heidi Wright  Howard Duff/Nick David
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7 (11.25/ 30 mins) Time allowance for any issues that may have arisen and need to be discussed)	Update papers for Professional Development and Support Directorate	For noting	16.04/EPB.07 (i) – (vi)  (i) Science and Research  (ii) Professional Standards  (iii) Library and Museum  (iv) Faculty  (v) Foundation  (vi) Workforce	To note the updates	Catherine Duggan
8 (11.55/ 10 mins)	7 day working	Update	Verbal	To update the EPB on progress to date	Catherine Duggan
9 (12.05/ 55 mins)	Discussion on “community pharmacy in 2016/17 and beyond” letter	Discussion	Verbal discussion	The EPB to discuss progress to date.	Howard Duff/Chair
<b>Lunch 13-00 – 13.40</b>					
10 (13.40 30 mins)	LPF governance reports	Noting, discussion and decision	16.04/EPB.10a and 10b	To update the EPB on the community pharmacy events (paper a) and to discuss and agree on the LPF governance reports	Howard Duff/Alice Dartnell
11 (14.10/ 10 mins)	Public Affairs and	Update on hub and spoke guidance.	16/04/EPB/11	To update EPB members on PA and Policy statements	Charles Willis/Heidi

	Policy Statements	Paper on Party political conferences			Wright
12 (14.20 - 20 mins)	EPB Campaigns	For discussion and decisions	Verbal presentation	To update EPB members on current and future EPB campaigns.	Chair/Howard Duff/Heidi Wright
13 (14.40 - 35 mins)	EPB Business plan 2016	Discussion	16.04/EPB.13	To discuss updated business plan	Howard Duff
14 (15.15 – 10 mins)	RPS conference update	Update	Verbal	To give the EPB an update on the RPS conference	Chair/Vice Chair
15 (15.25/ 10 mins)	Key Messages	For decision	Verbal	EPB to agree key messages from the meeting for pharmacy press	Neal Patel/Sandra Gidley
16 (15.35/ 10 mins)	Any other business	For discussion		<p>English Pharmacy Board members should inform the Board Secretary in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business</p> <p>Sid requested:</p> <ol style="list-style-type: none"> <li>1. Web development – there has however been some emails to Sid from Patrick and Nick on this subject so not sure if he still wants to discuss</li> <li>2. IM&amp;T</li> </ol> <p>Sibby requested</p> <p>1/ Discussion on Board comms wrt 'pharmacy 2016-17 and beyond' consultation.</p> <p>Background: we used to have fortnightly board teleconferences, which some board members found too onerous, hence the move to the Chairs regular written updates. However, at the last board meeting it was agreed that in light of the current consultation more regular teleconferences should be reinstated,</p>	Chair

				<p>perhaps on a monthly rather than fortnightly basis. This has not happened to date. Personally I am keen to participate in more regular two way briefings and would like to explore the appetite of the rest of the board for this. I was disappointed to hear of the lack of response to some of the recent APPG activity and support from the board might help increase traction. I appreciate that Sandra sends out her weekly /fortnightly briefings, and these are most welcome, but they are not interactive in the same way as a teleconference.</p> <p>2/ 2016 Flu vaccination service from Pharmacists. The BMA and, I believe the RCGP, are coming out against the delivery of this service from pharmacy this year stating that rather than uptake increasing last winter, it in fact decreased, as they put it:</p> <ul style="list-style-type: none"> <li>· 'confusion' for patients as to where they obtained their vaccine,</li> <li>· GP's not being notified by pharmacists that patients had been vaccinated causing a small cohort to be vaccinated twice</li> <li>· some surgeries losing in the region of £4m last winter, due to a mix of wastage because of over ordering and lost patients to pharmacy.</li> </ul> <p>I believe it critical for the RPS to be in a position to refute their assertions (with evidence) and to have a robust statement ready. We may also want to consider some lobbying activity before any final decisions are made. This of course is an ideal example of where 'write' ability to the patient record would be justified.</p>	
17 (15.45)	Dates of	For noting	(all dates to be	EPB induction and working day – 22 June 2015	Chair

	next meetings		diarised. Board meeting dates are firm but working days will only be used at the discretion of the Chair and Dir for England)	EPB meeting 23 June 2016 EPB working day – 5 <sup>th</sup> October 2016 EPB meeting 6 <sup>th</sup> October 2016	
Close of open business 15.45 followed by short session of confidential business (separate agenda)					