# **Community Pharmacy Expert Advisory Group Agenda**

**Monday 11th March 2024 19.30 – 21.30 By Zoom:**

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## **1: Welcome, Apologies and welcome Led by Janice 10 mins**

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| **Description** | To welcome and note apologies.To include discussion on membership of CPEAG and other EAG’s  |
| **Outcomes** | To be agreed and completed at the meeting as a record**Attendees**Janice PerkinsPaul JenksDiane RobertsonPatricia OjoSarah PassmoreLiz Hallett**Apologies** Sobia JanjuaWaqas AhmadNick ThayerJonathan Smith |

## **2: Pharmacist prescribing** **update and feedback – Marcia Reid (30mins)**

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| **Description** | To provide an update to the group around the ongoing work of the RPS in this space and to gain member feedback on some of the following areas;* The fastest growth in prescribing members of the RPS is within the community setting, anecdotally it is assumed that community-based prescribers may need tailored support because they don't always work and prescribe closely as part of multi-disciplinary teams. Is that assumption correct? If so - what can we do to help them further?
* Since its launch in October - over 30,000 unique users have visited the [prescribing pages on the RPS website](https://www.rpharms.com/prescribing). What does the group think about the pages, and how can we further improve and tailor them for members?
* We are planning on launching our 'prescriber helpline' in April and have now finished scoping this – what is your knowledge of the common queries and support needed for community pharmacists?
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| **Purpose** | To get insight and feedback from CPEAG members on this topic to help inform the work of the project group |
| **Outcomes** | * An overview was provided of the current prescriber member proposition
* **How do we best support pharmacist prescribers in the community?**
* A ‘prescribing dilemmas’ section would be useful.
* Identifying DPPs remains the rate limiting step for most of the existing community pharmacy workforce wishing to train as IPs.
* How to select a DPP and what you should expect from your DPP, ‘what good looks like’. Importance of good quality supported DPPs.
* Support when things go wrong, guidance and resources for ‘prescribing’ errors, learning and reporting.
* Difference in undergraduate prescribing courses, pharmacists sometimes struggle when faced with grey areas, transition from guideline driven choices to autonomous prescribing … anything that could help with supporting this pathway.
* Helping prescribers to develop and how to say ‘no’ to patients, when there’s an expectation to receive a prescription.
* Developing and facilitating peer networks for pharmacists.
* Skills to have conversations with other HCP about your scope of practice, and what’s outside of it.
* Importance of robust record keeping. Guidance e.g. quick reference/reminders to support IPs to ensure quality records are adequately maintained.
* Key point raised around building confidence
* Develop case studies and make videos
* Challenge around foundation supervisors not being IPs and what support might be needed.
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**3: Chasing equality in pharmacy training – closing the awarding and attainment gap for Black trainees in Pharmacy – led by Amandeep Doll (30 mins)**

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| **Description** | Our recently published report [‘Chasing equality in pharmacy training – closing the awarding and attainment gap for Black trainees in Pharmacy’](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Differential%20Attainment/RPS%20Differential%20Attainment%20Gap%20Report%202024_1.pdf) reveals a pharmacy degree awarding gap of 12% and a registration assessment attainment gap of 22.6% persists between Black and White trainees. The report was informed by an extensive coalition of stakeholders including RPS, British Pharmaceutical Students' Association, the Black Pharmacists Collective, the Black Pharmacist Initiative, General Pharmaceutical Council, NHS England Chief Pharmaceutical Officer’s Team and the Pharmacy Schools Council. It identifies key areas of focus and makes recommendations to tackle the gap including:* Improving data collection and analysis
* Promoting inspiration, aspiration, and role models
* Removing bias from processes
* Providing support during the transition from pharmacy student to foundation training placements.

Additionally, the report emphasises the importance of educational supervisor training, the implementation of protected learning time in foundation trainee placements, and an annual equality, diversity and inclusion forum to ensure good practice is being shared across Schools of Pharmacy and training placements. |
| **Purpose** | To gain the insight and expertise of CPEAG to discuss what is currently happening within Community Pharmacy and further changes that can be made to training placements and workplace cultures to help close the differential degree awarding gap and registration assessment attainment for Black trainees in initial pharmacy education and training. |
| **Outcomes** | * Overview was provided following the recent published report in terms of a presentation.
* Aman highlighted differential attainment gap at registration.
* Contributing factors to differential attainment at undergraduate level highlighted
* Contributing factors at foundation level highlighted
* And ‘what’s happened so far’, key highlights from the report shared.
* Future actions and key areas of focus
* **From a community pharmacy perspective what can we do, how can we close the gap?**
* Concern the new Oriel system may unintentionally make a difficult situation worse.
* Cross sector experience means there is a tremendous amount of work to get through in a short space of time in each setting without the time to “settle in”
* Level of support for new tutors –EDI training, is this delivered as part of the tutor training packages? – standardisation of tutor training, is there adequate support for the tutor ongoing during the year for issues that may arise? Support network for tutor to help them, support, nurture and encourage the very best from trainees.
* Tutors themselves are under more time pressure through delivering services, so also need ongoing support during the year.
* Training on how to give feedback would be beneficial for tutors.
* Complexities over next year towards 25/26, pharmacists themselves are having to upskill, IP training and support trainees alongside this.
* There are also changes with the required contact time a supervisor needs to have; this is lower than for previous years and whilst this might encourage more people to offer foundation places, it may impact the support trainees have.
* Not necessarily EDI training for pre and post registration foundation trainees. Do they know what standard should be expected i.e what good looks like and how to raise a concern if necessary.
* Having a different experience in different environments is beneficial, enables a different perspective, opportunity to experience different types of training.
* Experience at undergraduate level and level of competence and underpinning knowledge when embarking on foundation training year will often affect experience and success during that year.
* Need to define WGLL and clarify practical actions that can be taken to support all parties.
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## **4. Artificial Intelligence (AI) in Pharmacy, Policy Development – Fiona McIntyre (30mins)**

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| **Description**  | Artificial Intelligence within Pharmacy has been prioritised as one of the professional issues for policy development in the RPS workplan for 2024. The attached supporting material provides a background to the work to date together with the overall outcome aim of the Policy work.We would like the feedback of the CPEAG on the attached SBAR, work to date and considerations of the questions detailed within the attached SBAR |
| **Purpose** | To gain insight and feedback from CPEAG to help inform Policy work |
| **Outcome** | * An overview of the work of the RPS to date was provided, together with the overall aim of the work.
* The group suggested that the work would benefit from initially some narrative that highlights opportunities and risks of AI, how we manage any risks and how we deliver in a consistent way, prior to the position statement.
* How do we assure the technology we are using is ‘safe’?
* AI can be used as a tool to reduce risk, for example supporting the dispensing process to minimise and mitigate errors.
* Utilising AI to simplify dispensing process, helping to release clinical capacity.
* Concern when AI is referred too that people see themselves as being replaced, some companies talk more about ‘automation’, not a different process, just a different use of language. Consistent wording is important.
* Narrative needs to be brought to life with practical examples, helps people with tools to help their own judgement for example, in terms of risk assessment and quality.
* Helping the reader to consider the necessary things themselves when utilising AI to make informed professional judgement decisions; AI can act as a tool to support, but the answer and professional judgement is that of the professional.
* Helping HCP understand this is happening already supporting us in our home life, needs element of human review.
* Defined duration and clinical check for repeat medication
* Use automation to do the simpler tasks to free pharmacist time for clinical check.
* Need a healthy balanced view of risks and challenges, but we need to ensure a positive direction of travel, to help the profession make professional judgements.
* What is being taught at universities needs to be aligned with any position statement and the expectations of graduates.
* What is the business continuity plan when technology goes wrong, how do we risk assess?
* Develop case studies to bring this to life.
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