**Hospital Expert Advisory Group (HEAG)**

**Terms of Reference**

**Reviewed January 2022**

*For the purpose of this group, hospital practice includes providers of pharmacy services in or to acute, mental health, private, community services, prison, hospice and ambulance settings. It also covers areas of practice where hospital pharmacy expertise and influence are required to improve care and medicines use as patients move between care settings.*

1. **Overview**

The Hospital Expert Advisory Group provides a source of expertise on issues of hospital practice which impact on pharmacy practice and the public.

The Group serves as a consultative group to the Boards of the Royal Pharmaceutical Society (RPS), acting as a source of expertise and advice, and providing evidenced-based leadership and opinion to inform RPS policy decisions and advice to government and other organisations.

The main aim of the Hospital Expert Advisory Group is to provide leadership in practice, and this will be achieved by constituting an empowered and representative network of hospital pharmacy experts from across all relevant backgrounds to:

1. Advise RPS on significant issues involving national and international hospital pharmacy practice
2. Support RPS in responding to requests for advice, expertise, input and comment from government and other organisations.
3. Where agreed, represent RPS by providing expertise and leadership opinion aligned with RPS policy (where relevant). This may include attending meetings or acting as a media spokesperson.
4. Provide a cohesive, strategic forum to ensure RPS is able to input and shape key policies and innovation related to hospital pharmacy.
5. Help ensure a joined-up approach across RPS and the profession to ensure that members are kept at the forefront of healthcare.
6. Facilitate recruitment and retention of pharmacists within the secondary care sector and prompt life-long membership of RPS.
7. Help support hospital pharmacists and pharmacy technicians throughout their careers by ensuring the provision of development opportunities for networking and best practice sharing.
8. Advise the RPS Education Directorate on national curricula and continuing professional development to ensure graduates and pharmacists have the necessary skills and knowledge for successful careers which include hospital pharmacy practice.
9. **Deliverables / Outcomes**
10. Draw on evidence to deliver system wide leadership, supporting the RPS national boards on matters affecting hospital practice and the hospital pharmacy workforce.
11. Provide expertise to help create coherent professional responses to emergent hospital issues across England, Scotland and Wales.
12. Support the ongoing work of the RPS in hospital practice including the development, implementation and dissemination of the professional standards for hospital pharmacy practice, and associated work streams.
13. Support the RPS and the profession with engagement and networking with other relevant organisations impacting on hospital pharmacy practice including regulators, Royal Colleges, partnership and specialist groups.
14. Work with other RPS groups (e.g. country teams and comms) to align activity and support the delivery of outcomes across all sectors of practice
15. Support the RPS work streams, supporting and leading professional development for the hospital pharmacy workforce.
16. Communicate the work of the expert advisory group to internal and external stakeholders.
17. Lead and encourage membership of the RPS across the hospital pharmacy workforce and across the healthcare interfaces.
18. **Member Specification:**

Membership of the group is based on an individual’s own professional experience rather than them being representative of another group or their organisation. As such the group will be constituted to ensure that individual members have a wide breadth of experience and pharmacy practice.

RPS has ultimate responsibility for the constitution of the group.

**Members of the group will:**

* Include Pharmacists and Pharmacy Technicians to ensure breadth and knowledge of hospital practice is made available to the RPS
* Be nationally and possibly internationally recognised as an expert in hospital practice or nominees should be considered to be at the forefront of their practice.
* Have a high level of involvement in institutional roles and professional organisations.
* Have a high professional standing and reputation.
* Possess a broad knowledge and expertise in a relevant area of hospital pharmacy practice and/or multidisciplinary experience and expertise.
* Be a member of RPS (where eligible). Members of the group are expected to conform to the RPS code of conduct for members of governance bodies as well as codes applicable to their respective disciplines and institutions.
* Ideally not already be a member of any other RPS Advisory Group or a current member of the RPS National Boards.
1. **Time demands / Ways of Working:**
* The group will typically meet virtually three times a year. In addition, there will be one annual face to face meeting. Additional meetings where required can be conducted as necessary.
* The majority of interactions will be virtual, by email or through the online networks.
* Members will declare any interests that may be a conflict to the work underway.
* The RPS staff lead is responsible for reporting the activities and deliverables of the group to the three National Boards and the Assembly
1. **Terms of Office**

The term for members to sit on the Hospital Expert Advisory Group is three years with a second term possible in order to stagger turnover of membership. Previous membership of the group is not a bar to reapplication at a later date. It is expected if a member no longer meets the member specification, e.g. their role changes, that they would step down. In case of retirement, members may remain on the group for an additional year. The positions for the Group members will be advertised openly and the selection process undertaken by the RPS.

1. **Composition**

The composition of the Hospital Expert Advisory Group should reflect the full spectrum of hospital practice as well as regional and country interests. Ideally membership will reflect

* a broad geographical representation across England, Scotland and Wales,
* large teaching and smaller district general hospitals as well as mental health and urgent care centre
* only those in leadership roles or include trainees, different levels of practice?

When vacancies occur on the advisory group, an invitation for new members to join the group will be circulated. This will be done as need arises, or as a minimum every three years. Those interested should submit the required paperwork and their CV to the Chair of the group. On occasion, it may be necessary to co-opt specific expertise onto the advisory group.

1. **Chair**

Chairmanship is held for a maximum period of 3 years. The election of the Chair will be held at the last formal meeting of the Chair’s term of office following the standard RPS process.

A member standing for Chair should declare any actual or potential conflicts of interest. It is widely accepted that professional experts will be asked to sit on various committees and groups nationally and internationally and that such external recognition would not preclude appointment to Chair of the Hospital Expert Advisory Group.

1. **Other**

RPS Staff Support

Appropriate RPS staff will attend meetings as required to support the work of the Advisory Group, including:

* Director of Pharmacy and Member Experience or Delegate
* Director of Education and Professional Development
* Administrator
* other RPS staff, invited guests and external consultants engaged by RPS as required

Reimbursement

Travel expenses up to the level of the standard class ticket bought on the day of travel will be reimbursed when the RPS requires the Advisory Group to meet face to face.