

ROYAL PHARMACEUTICAL SOCIETY

Joint National Pharmacy Board meeting 23 September 2021

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

OPEN BUSINESS AGENDA 23 September 2021 at 09:00 – 11:20

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1. (09:00)	Welcome and address from CEO/President	For noting	Verbal	Paul Bennett/Claire Anderson to welcome board members, member observers, and staff to the meeting	Paul Bennett, Chief Executive/Claire Anderson	Chair, English Pharmacy Board (EPB)
2.	Apologies	For noting	Verbal	To note apologies	Chair, EPB	Chair, EPB
3.	Declarations of Interest	For noting	21.09/EPB/SPB/WPB.03	To note declarations of interest (either standing interests or interests specific to this meeting)	Chair, EPB	Chair, EPB
4	Minutes	For decision	21.09/NPB/04 21.09/EPB/04 21.09/SPB/04 21.09/WPB/04	To approve minutes from the open business of NPB meeting on 23 June 2021 and to approve the minutes from the EPB/SPB/WPB elections' meetings held on 22 June 2021.	Chair, EPB	Chair, EPB
5.	Matters arising	For noting	21.09/NPB/05	To note matters arising from the above minutes that are not specifically included on the agenda	Chair, EPB	Chair, EPB

6.(09:20)	Sustainability	For discussion	21.09/NPB/06	To note the progress of the sustainability work to date and an opportunity to shape the next steps.	Elen Jones, Director for Wales	Chair,WPB
7. (09:50)-	Pharmacy workforce shortages	Update and discussion (Country breakout rooms)	21.09/NPB/07	Board members are asked to consider a number of questions around pharmacy workforce shortages to inform a workstream to support workforce planning that will ensure that there are enough pharmacists available to sustain the profession in the future.	PA team/education	Chair, SPB
8. (10:40)	Wellbeing	Update and discussion	21.09/NPB/08	Update on WWB programme, discussion of future direction of travel and plans for 2021/22. Board members to discuss whether or not the direction of the future programme of work, with a focus on prevention, is the right one, whether there are additional milestones to add and what further support, resources, guidance RPS could be offering to members.	Heidi Wright, Practice & Policy Lead, England	Chair, EPB
9. (11:00)	Inclusion & Diversity		21.09/NPB/09	To discuss the outcomes evaluation for the RPS Inclusion and Diversity Strategy	Amandeep Doll, Head of Professional Belonging/ Ravi Sharma, Director for England	Chair, WPB
10.	Items for noting		21.09/NPB/10	(a) Science & Research update (b) Covid Response Team update (c) Independent prescribing (d) Policy (e) Public affairs	Country Directors	Chair, SPB

				(f) Genomics and Personalised medicines update (g) Education update (h) Board members functions and duties (i) RPS Connect (j) Inclusion & Diversity update		
11. (11:15)	Any other business	For discussion		Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Chair, SPB	Chair, EPB
12.	Dates of next meetings	For noting	All dates to be diarised	Dates for 2022 Board meeting: 2 February 2022 Induction day: 21 June 2022 Board meeting: 22 June 2022 Board meeting: 29 September 2022 (Note: there is an option for an additional board day if required for EPB)	Chair, WPB	Chair, WPB
11:20 End of Joint Board Open Business – SPB will remain in Open business, whilst EPB and WPB will move into Confidential business for Board members and staff only will resume at 11:30						

Open Business – SPB and observers						
11.30-13.00	Work Planning for 2022, including presentation from the Chief Pharmaceutical Officer for	Presentations and discussion	Presentations		Clare Morrison, Director for Scotland	Chair, SPB

	Scotland and presentation from Scottish Pharmacy Clinical Leadership Fellows					
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English Pharmacy Board

Declaration of Interests

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Work with FIP, Associate Director FIPed
- Trustee Commonwealth Pharmacy Association
- Research and development grants from NIHR, Boots

Martin Astbury

- Morrison's Pharmacy pharmacist (employee)
- Pharmacy Research UK charity trustee
- member of the RPS Pharmaceutical Publications (PhP) board

Sharon "Sibby" Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- Policy Forum lead, Rushcliffe Conservative Association
- Both daughters, Junior Doctors
- Father, retired Pharmacist
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

David Carter

- Chairman, Gateshead & South Tyneside LPC
- RPS North East, member of steering committee
- JM & W Darling Ltd
- Director of PSNE LTD
- Brother is an academic pharmacist

Ciara Marie Duffy

- Eligible Qualified Person
- Consultant at Duffy Quality Pharma Consulting Ltd

Mary Evans

- NHS Employee, Bedfordshire Hospitals NHS Foundation Trust
- ICS Chief Pharmacist for BLMK

Thorrin Govind

- Locum Pharmacist-various pharmacies
- Pharmthorrin Ltd
- Pharmacist – Boots
- Trainee solicitor- Hempsons
- Journal of Pharmacy Management-Editors Council
- [Trustee- OCD UK](#)
- [Editors Council- Journey of Pharmacy Management](#)
- ProperG LTD
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press

Alisdair Jones

- partner works in the NHS as an occupational therapist,
- member of national executive as Treasurer to the PDA Union.
- member of the governing body of St Mary's Primary Academy, Folkestone.
- Member of The Pharmacist Cooperative
- Member of the Primary Care Pharmacy Association

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd
- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Erutase Oputu

- Barts Health NHS Trust
- Trustee Medicines for Muheza
- UK Black Pharmacists Association
- UK Clinical Pharmacists Association

Duncan Petty

- Honorary researcher and lecturer University of Bradford
- Director Duncan Petty Consultancy Ltd
- Occasional advisory board member/speaker for pharmaceutical companies
- Affiliate Member of the NIHR Yorkshire and Humber Patient Safety Translation Research Centre
- Board Member of the Yorkshire Health Network
- Adviser to Cores Prescribing Solutions

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Employed, University of Reading
- Director, Pharmaceutical Defence, sole share holder

Tracey Thornley

- Senior Contract Frameworks and Outcome Manager, Boots
- Honorary Professor in Pharmacy Practice, University of Nottingham
- Member of the RPS, Antimicrobial Resistance Expert Advisory Group
- Member of Boots UK Clinical Advisory Board
- Member of Boots UK Research Governance Board

OPEN BUSINESS

- Community Pharmacy representative on Midlands and East Regional Medicines Optimisation Committee
- Member of AMS in community pharmacy task and finish group for ESPAUR oversight group
- Member of community Pharmacy Section Executive Committee, International Pharmaceutical Federation
- Member of University of East Anglia School of Pharmacy Industrial Advisory Board
- Member of RPS working group, increasing evidence base pharmacy, Science and research
- Secondment to Variants of Concern programme (Joint Biosecurity Centre, part of T&T, DHSC)

Andre Yeung

- Chair, LPN – Pharmacy (Northumberland, Tyne and Wear)
- Pharmacist Advisor – Andre Yeung Ltd
- Senior Specialist Advisor Public Health – Newcastle City Council
- Director at CPCS Support Ltd
- Advisory board for Durham University Business School
- Treasurer, RPS

Scottish Pharmacy Board

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Declaration of Interests

Brian Addison

- Lecturer in Pharmacy Practice (Master of Pharmacy Course Leader) at Robert Academic Strategic Lead in Clinical Practice and Master of Pharmacy Course Leader at Robert Gordon University
- Pharmacy Postgraduate Tutor at NHS Education for Scotland
- Co-author of Minor Illness or Major Disease published by Pharmaceutical Press
- Vice Chair of Education Committee of the European Society of Clinical Pharmacy
- Member, RPS Scottish Pharmacy Board

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Fellow, UK Faculty of Clinical Informatics
- Clinical Safety Officer, NHS National Services Scotland (NSS)
- Member COVID Vaccination Programme Operational Group
- Member, NSS IT Clinical Governance Group
- Member, NSS Medical Device Regulation Project Board
- Member, NHS Scotland PACS Clinical Advisory Group
- Member, NHS Scotland PACS Reprovisioning Clinical Reference Group
- Member, NHS Scotland General Practice (GP) IT Reprovisioning Clinical Reference group
- Member, NHS Scotland GP IT Prescribing Advisory Board
- Member, NHS Scotland GP IT Change Advisory Board
- Member, NHS Scotland Emergency Care Summary (ECS) Technical Advisory Group
- Member, NHS Scotland ECS Service Board
- Member, NHS Scotland Office 365 Change Advisory Board
- Member, Scottish Prescribing and Practice Pharmacist Association, Data & Intelligence Group

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Royal Alexandra Hospital, Paisley

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Senior Pharmacist – Medicines Governance at NHS Greater Glasgow & Clyde
- Member, RPS Scottish Pharmacy Board
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist

Kathleen Cowle

- Director, Davidsons Chemists
- Member, RPS Scottish Pharmacy Board (2016-)
- Member, RPS Assembly (2021-)
- Daughter is a pharmacist with NHS Forth Valley
- Son-in-law is a pharmacist with NHS Forth Valley

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion& Diversity

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

John McAnaw

- Head of Pharmacy, NHS 24, South Queensferry
- Pharmaceutical Advisor, Scottish Ambulance Service, Edinburgh
- Member, NHS Scotland Directors of Pharmacy
- Member, UK Ambulance Pharmacists Network
- Member, European Society of Clinical Pharmacy

- Member, RPS Scottish Pharmacy Board
- Wife is director, shareholder and pharmacy superintendent, Lomond Pharmacy Ltd.
- Judge, Scottish Pharmacy Awards

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)
- Lead negotiator, committee local pharmaceutical services with NHS Highland
- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board) 2018 to date, member of RPS AmEAG 2016-2018
- NHS Education for Scotland – Custodian for various education resources.
- British Society for Antimicrobial Chemotherapy – Tutor for on-line courses, Associate Editor for JAC AMR Education platform.
- Lead Partner –Commonwealth Pharmacy Association Antimicrobial Stewardship Programme project with two hospitals in Ghana
- Expert adviser for research projects on antimicrobial use with several universities (RGU, Strathclyde, Dundee, GCU, Manchester)

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: 8 September 2021

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Welsh Pharmacy Board - Declarations of Interest

Ruth Mitchell

- Community Pharmacist, Professional Standards and Quality Manager Boots UK
- Member of the Welsh Pharmacy Board RPS
- WCPPE trainer for advanced inhaler techniques
- Volunteer for Macmillan and Alzheimer's Society
- Member of Welsh Pharmacy Board, RPS
- Dementia Volunteer

Jamie Hayes

- Cardiff and Vale University Health Board
- Member of Welsh Pharmacy Board, RPS
- Honorary Senior Lecturer, fees from various academic institutions - Cardiff University and Keele University
- Director, Welsh Medicines Resource Centre (WeMeReC) and all Wales Therapeutic and Toxicology
- Centre (AWTTC) Director of JMH Collaborations Ltd
- All Wales Medicines Strategy Group, Steering Committee
- All Wales Prescribing Advisory Group (AWPAG)
- Steering Group, MSc in Therapeutics, School of Medicine, Cardiff University
- Consultancy fees for speaking, coaching, seminars and workshops and Business Development Sessions eg Walgreen Boots Alliance
- Consultancy fees for Business Development sessions
- Wife is Medical Director for Palliative Care at Marie Curie Hospice

Sudhir Sehrawat

- Pharmacist, Director and Superintendent Pharmacist at Clifton Ltd
- Director of Pharmacy Ltd
- Director of Medinote Limited
- Director of Pharmacy
- Member of Welsh Pharmacy Board, RPS
- Michelle Sehrawat (Spouse) –HEIW

Cheryl Way

- NHS Wales Informatics Service
- Chair, National Association of Women Pharmacists, Cardiff Branch since 2007
- Member RPS Digital Forum

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- Member Welsh Pharmacy Board, RPS
- Member, Pharmacy: Delivering a Healthier Wales Delivery Board
- Member, Welsh Government e-prescribing Expert Panel
- United Kingdom Clinical Pharmacy Association
- International Pharmaceutical Federation
- Guild of Healthcare Pharmacists
- UK Faculty of Clinical Informatics
- RPS Wales Board
- MRPSII

Richard Evans

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

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.
- Member of Wales Board RPS.

Elanor Thomas

- Pharmacist Partner / Senior Practice Pharmacist (8C) The Ashgrove Surgery.
- Director Prescribing Matters Ltd
- Honorary Lecturer / IP tutor (Part time on a consultancy basis) Welsh School of Pharmacy, Cardiff University,
- Prescribing Adviser for Rhondda Cynon Taff Local Health Board (now trading as Cwm Taf Morgannwg UHB), Royal Glamorgan Hospital

Eleri Schiavone

- Principle Pharmacist Patient Services: Princess of Wales Hospital, Cwm Taf Morgannwg

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- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Quality & Patient Safety Board

Helen Davies

- Pharmacist Team Leader: Education, Training and Workforce Development, Primary Care Cwm Taf Morgannwg University Health Board, Royal Glamorgan hospital.
- Primary care representative on HEIW foundation work stream 2019 onwards
- Deputy CTM UHB representative for All Wales Prescribing Advisory Group (AWPAG) 2020 onwards

Gareth Hughes

- Superintendent Pharmacist A & JM Sheppard Ltd
- Member of the Royal Pharmaceutical Society
- Member of the Faculty of Clinical Informatics
- Primary Care Cluster Community Pharmacy Lead for Rhondda
- Member of Choose Pharmacy Clinical Reference Group
- Member of Digital Medicines Management Group
- Member of Community Pharmacy Microsoft Office 365 Project Board m
- Member of ePrescribing Expert Panel
- Member of Antimicrobial Stewardship Primary Care Work Stream (Cwm Taf Morgannwg UHB)
- Member of Medicines Support at Home (MS@H) Review Panel (Cwm Taf Morgannwg UHB)
- Member of Help Me Quit Task and Finish Group

Geraldine Mccaffery

- Betsi Cadwaladar Health Board
- Member of Pharmacy Delivering a Healthier Wales, Delivery Board Executive Manager
- UKCPA Member
- Unite/Guild of Healthcare Pharmacists.
- Member Pharmacy in Wales Research Strategy Implementation Group. Vice Chair

ROYAL PHARMACEUTICAL SOCIETY

Minutes of the meeting of the English Pharmacy Board - Open business

Minutes of the meeting held at 9.45am (delayed start 10.10am) on 22 June 2021 by Zoom

Please note: Agenda Item 6 – Statutory Item: Sectoral places (minute no 21/09 below) was taken at the end of all business on 23 June 2021.

Present

Claire Anderson
Sibby Buckle
Ciara Duffy
Mary Evans
Michael Maguire
Duncan Petty
Tracey Thornley

Martin Astbury
David Carter
Thorrun Govind
Alistair Jones
Erutase (Tase) Oputu
Paul Summerfield
Andre Yeung

In attendance

Ravi Sharma
Robbie Turner
Paul Bennett
Alison Douglas
Amandeep Doll
John Lunny
Heidi Wright
Corrine Burns
Yvonne Dennington
Rachael Taylor

Director for England
Director for Pharmacy and Member Experience
Chief Executive
Governance Manager and Company Secretary
Head of Professional Belonging
Public Affairs Lead for England
Practice and Policy Lead for England
RPS Correspondent, Pharmaceutical Journal
Business Manager England
Business Assistant

6 RPS Member observers attended the meeting

Apologies

No apologies were received

21/01 Welcome and Introductions

Ravi Sharma firstly apologised for the late start (10.10am) of the meeting, this was due to the previous meeting in Wales taking longer than expected. He then went on to welcome EPB members and staff to the meeting and asked all present to introduce themselves. Observers were asked to keep their microphones on mute and their cameras switched off. Ravi gave a special welcome to the six new board members, Ciara Duffy, Mary Evans, Alistair Jones, Michael Maguire, Erutase (Tase) Oputu and Paul Summerfield and the three re-elected members, Claire Anderson, Martin Astbury and Thorrun Govind. .

21/02 Apologies

No apologies were received.

21/03 Declarations of Interest

The English Pharmacy Board noted paper 21.06/EPB.02. Board members were reminded to send in any amendments to their declarations to Yvonne Dennington and were also asked to state, in the interests of best practice, any declared interest at the start of the discussion to which it relates. Duncan Petty, Tracey Thornley, David Carter and Thorrun Govind submitted updates to their declarations.

21/04 Election of Chair

Ravi Sharma, took the chair for this item and informed those present of the procedure that would be followed for the voting. Alison Douglas (Governance Manager) was present to oversee the voting process conducted by the online platform provider, Mi-Voice. All board members confirmed receipt of an email from Mi-Voice in advance of the voting containing their unique number and a link to the voting site.

Ravi informed the Board that two nominations had been received for the position of Chair after following due process as set out in (Amended) Appendix E of the Regulations, calling for nominations in advance of the meeting. The following nominations were received:-

Thorrun Govind	Nominated by Alisdair Jones Seconded by Ciara Duffy
Michael Maguire	Nominated by Andre Yeung Seconded by Alisdair Jones

Both candidates accepted their nomination and Thorrun Govind added a further declaration of interest to those contained in paper 21.06.EPB.02. Voting then took place as per (Amended) Appendix E of the Regulations and in line with the process set out by the on-line voting provider, Mi-Voice.

The candidate with who received the majority of votes and who will become Chair is **Thorrun Govind**.

The Chair's written address is attached as Appendix A.

Thorrún Govind took the Chair of the English Pharmacy Board, took the Chair for the election of Vice Chair.

Thorrún said she hopes she was someone the Board could communicate with and her statement quote of “together we are pharmacy” starts with the Board. She looks forward to working harder together for the members and the wider profession.

There was a short break before the elections for Vice Chair.

21/05 Election of Vice Chair

Thorrún Govind as the newly elected Chair, took the chair for this item.

The Chair explained the process for the nomination of Vice-Chair in accordance with (Amended) Appendix E of the Regulations and informed the Board that two nominations had been received in advance of the meeting from

Nomination	Proposer	Second
Martin Astbury	Claire Anderson	Sibby Buckle
Paul Summerfield	Alisdair Jones	Martin Astbury

and then asked for further nominations. The following nominations were received at the Zoom meeting:-

Nomination	Proposer	Second
Tase Oputu	Ciara Duffy	Mary Evans
Michael Maguire	Self	Paul Summerfield

Alison Douglas reminded Board members that in accordance with the (amended) Regulations E that “in the event that no candidate receives a **majority of all votes cast**” then the procedure will need to be repeated.

Declarations of Interests for those nominated are as set out in paper 21.06.EPB.02.

First ballot: Paul Summerfield was eliminated. A second ballot was held with Martin Astbury, Michael Maguire and Tase Oputu.

Second ballot: Tase Oputu was eliminated. A third ballot was held with Martin Astbury and Michael Maguire.

Third ballot: The successful candidate for the position of Vice Chair is **Martin Astbury**.

The Chair invited Martin Astbury, Vice Chair, to make a short statement.

Martin said the enthusiasm he has witnessed with the new board makes him excited to be a part of it. He said he was keen to develop and move forward and is not averse to change. He thanked everyone for their support.

21/06 Appointment of four English Pharmacy Board members to the Assembly

Ravi Sharma, Director for England, took the chair for this item.

The English Pharmacy Board noted paper 21.06.EPB.05.

As **Thorrund Govind** has been voted as Chair, there is one additional place on the Assembly, totalling **four** places and not three as per the paper. All places are for a two year tenure. (The Chair and Vice Chair have an automatic place on the Assembly.)

The nominations were called in accordance with (Amended) Appendix C of the Regulations. The first five nominations below were received in advance of the meeting, the remaining three were received at the meeting. Eight nominations were received in total.

Declarations of Interests for those nominated are as set out in paper 21.06.EPB.02. David Carter declared an amend to his declarations with the following:- Galen pharmacy was amalgamated into JM & W Darling Ltd and now ceases to exist. DC is now a director of JM & W Darling Ltd.

Nomination	Proposer	Seconder
Alisdair Jones	Self	Thorrund Govind
Ciara Duffy	Self	Thorrund Govind
Paul Summerfield	Alisdair Jones	Martin Astbury
Claire Anderson	Duncan Petty	Martin Astbury
Sibby Buckle	Thorrund Govind	Martin Astbury
Tase Oputu	Self	Martin Astbury
Michael Maguire	Self	Paul Summerfield
David Carter	Self	Sibby Buckle

The eight nominees were invited to make a speech of no more than two minutes. All nominees were present and made a two minute speech.

A secret ballot was held as per (Amended) Appendix E of the Regulations and in line with the process set out by the on-line voting provider, Mi-Voice. and board members were asked to cast up to four votes for four Assembly members.

Claire Anderson, Sibby Buckle, Alisdair Jones and Tase Oputu were appointed to the Assembly for a two year tenure.

Thorrund took over the Chair at this point and congratulated those who had been appointed to the Assembly.

Due to time being tight it was decided to take the Statutory Item on Sectoral Places at the end of the meeting on 23 June 2021.

21/07 Close of meeting (22 June 2021)

The meeting closed at 11.55am

21/08 Dates of next meetings

NPB meeting – 23 September 2021

Dates for 2022 meetings will be available after approval by the Assembly at their July meeting.

Board Members please note: All of the above dates are to be diarised across all EPB members. Board meeting dates are firm dates but Working Days will only be used at the discretion of the Chair and the Director for England.

Please note: “Agenda Item 6 – Statutory Item: Sectoral places” below, was taken at the end of all business on 23 June 2021

21/09 Statutory Item: Sectoral Places

This item remains a statutory item at every June board meeting to discuss the issue of removal of sectoral places and whether the English Pharmacy Board can continue to properly fulfil its duties with its current composition. The English Pharmacy Board noted paper 21.06.EPB.06 and appendix.

Ravi Sharma introduced this item, giving some background to the issue, and saying that every year since the removal of sectoral places the Board has decided to continue with this decision.

After some discussion there was consensus from the Board that for this year the board was a diverse board and representative of most sectors, but that the right should be reserved to review this statutory item on an annual basis, as has been the case since the removal of sectoral places in 2015.

There will therefore be no request to Assembly to change the EPB decision regarding having no sectoral places in the EPB elections for 2022.

Appendix A

RPS Chair candidacy statement-Thorrun Govind

Together, we are pharmacy.

That begins with the culture that we foster on this board. From the policies that we help shape together, to the work we do for our members and the wider profession, we are accountable to each other.

I'm standing to Chair;

An Inclusive Board

Where we make the most of the skills around the table. After all, meetings themselves are not the entirety of the participation of the board. One of my first initiatives would be to conduct a skills and time audit exercise so we can ensure we're matching the best suited members for the tasks at hand. We have a fantastic mix of fresh and experienced colleagues, and I believe that this will also be a way for us to get to know each other and to work together more cohesively. The time audit is because I know that you also have responsibilities away from this board, that make you even more of an asset to this board and I want this board to be inclusive and respectful of that too.

I want you all to know that I will be championing your individual voices at this board. I started speaking up loudly and proudly for the profession as a pharmacy student and I've never been afraid of standing up and making sure that a different view is heard and listening to differing opinions. I genuinely believe that by sharing our lived experiences, we can agree a position that is truly in the best interests of the profession.

I want to foster an environment where everyone's view is important. Of course, we won't always agree ; it would be surprising if we did. But constructive disagreement isn't a bad thing and can ultimately result in better decision making. I'll ensure that debate and communication between board members is healthy and professional and I will challenge behaviour that is detrimental to our work.

I will work with the elected Vice Chair to ensure that those of you want to step forward to be the next Chair or Vice Chair are supported to develop into the roles. Furthermore, I want us to ensure that as a board we are developing too and that we take the time to reflect and refine our role.

A Communicative Board

We know from our members that both they and the wider profession aren't always aware of all the great work that the RPS does. To begin to address this, I'm proposing that we create an EPB newsletter directly to members and non-members where board members can help share the work that they have been involved with.

Secondly, we want pharmacists to feel connected to what we do, and be part of solutions too. To achieve this, we need better channels for them to communicate their concerns. I

propose a 'Talk to the Board' initiative which will allow us to receive feedback in a more orderly fashion, as opposed to some of the unconstructive comments that can be directed towards the boards or one can receive personally through social media. I also realise for some of you navigating some of the challenges that come with national leadership on social media may be tricky and I am here to support you and will be happy to provide you with the tools you need. I can draw on my over ten years of experience in using social media in a positive manner to advocate for the profession. Each one of us is an ambassador for the society.

Between meetings I will be seeking to connect with you and to encourage you to connect with each other. Having EPB experience and with my experience as an Assembly member, I am particularly keen to support new members in familiarising yourselves with the structure of the organisation. I'll also be drawing from my experiences as a charity trustee and how I connect with other trustees in that role.

I will work collaboratively with the Directors and Exec team, but also be able to provide challenge when necessary, so we ensure we are meeting the objectives set by the board. I'm not afraid to ask the difficult questions.

A Strategic Board

I have convinced journalists to include pharmacists in media pieces and helped break pharmacy news into the wider national media. In order to do this I have had to be strategic as to who to approach. It is deeply ingrained in me to think about the long term and short term impact of a decision. There will be times when it is imperative that we shout and there will be times that quiet diplomacy is vital to achieve our goals. At times it might be a careful mix of both. I will also be drawing on my experiences as an intern in Parliament.

As Chair, I will ensure that particularly sensitive issues are flagged to you as soon as possible and, where relevant, the history of pertinent issues is provided.

By working with the Directors and Exec team I want meetings to make the best use of our time. We need to get the most value out of our time for the organisation. We need to harness the learnings from COVID and I will be seeking to utilise digital solutions where appropriate to aid board work.

Finally, we need to work together and with the Welsh and Scottish boards to make the organisation as transparent as possible and ensure that the structure and the work that the RPS does is understood by external stakeholders. As a board we will be thinking strategically about what it is appropriate to share and what needs to be kept confidential to achieve our goals.

Let's keep working hard for our fantastic profession.

Together, we are pharmacy

Minutes of the meeting of the Scottish Pharmacy Board - Open business

Minutes of the meeting held at 11.20 am (delayed start 11.50am) on 22 June 2021 by Zoom

Present

Brian Addison
Iain Bishop
Tamara Cairney
Andrew Carruthers
Kathleen Cowle

Omolola (Lola) Dabiri
Lucy Dixon
John McAnaw
Jacqueline Sneddon
Audrey Thompson

Staff

Clare Morrison
Robbie Turner
Paul Bennett
Alison Douglas
Amandeep Doll
John Lunny
Corrine Burns
Carolyn Rattray

Director for Scotland
Director for Pharmacy and Member Experience
Chief Executive
Governance Manager and Company Secretary
Head of Professional Belonging
Public Affairs Lead for England
RPS Correspondent, Pharmaceutical Journal
Business Manager, Scotland

There were no RPS members registered for the meeting.

21/01 Welcome and Introductions

Clare Morrison (CM), Director for Scotland) apologised for the late start (11.50am) of the elections' meeting; this was due to the Welsh Pharmacy Board election taking longer than expected. CM then went on to welcome SPB members and staff to the elections' meeting extending a particular welcome to the five new Board members: William (Iain) Bishop, Omolola (Lola) Dabiri, Lucy Dixon, Jacqueline Sneddon and Audrey Thompson.

21/02 Apologies Apologies were received from Catriona Sinclair.

21/03 Declarations of Interest

The English Pharmacy Board noted paper 21.06/SPB/03. Board members were reminded to send in any amendments to their declarations to Yvonne Dennington and were also asked to state, in the interests of best practice, any declared interest at the start of the discussion to which it relates. Lucy Dixon submitted updates to her declarations of interest.

21/04 Election of Chair

Clare Morrison, took the chair for this item and informed those present of the procedure that would be followed for the voting. Alison Douglas (Governance Manager) was present to oversee the voting process conducted by the online platform provider, Mi-Voice. All board members confirmed receipt of an email from Mi-Voice in advance of the voting containing their unique number and a link to the voting site.

The Board was informed that one nomination had been received for the position of Chair after following due process as set out in (Amended) Appendix E of the Regulations, calling for nominations in advance of the meeting. The following nomination was received:

Andrew Carruthers	Nominated by Tamara Cairney Seconded by Lucy Dixon
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Andrew's address (supporting his nomination) is attached as Appendix A.

Andrew Carruthers accepted his nomination and, because there were no other nominations, the Scottish Pharmacy Board (SPB) was asked to affirm Andrew as Chair of the SPB.

The Scottish Pharmacy Board

affirmed

Andrew Carruthers as Chair of the Scottish Pharmacy Board.

Andrew thanked his fellow board members for their affirmation and went on to make a brief statement:

Andrew thanked everyone for their support; although he felt that he might not be the most obvious choice but the fact that his career sits just outside the early years' bracket sends a very strong message to the membership and organisation, that the SPB is an inclusive and dynamic Board which is determined to increase engagement with early years members; 'another example of the SPB being at the forefront of the organisation and the profession.

Andrew formally thanked Jonathan Burton as outgoing Chair; Jonathan was ‘a fantastic chair and a true pioneer in pharmacy’. Andrew also passed on his condolences, and those of the entire SPB, to Jonathan and his sons.

Andrew acknowledged and thanked those other Board members who had stood down at the last election: Ewan Black, Anne Boyter, Alasdair Macintyre, Ailsa Power and Debbie Stafford; their commitment to the maximum term and not standing again to allow fresh perspectives, is to their credit.

New Board members were also welcomed along with returning Board members.

Andrew Carruthers, the Chair of the Scottish Pharmacy Board, took the Chair for the election of Vice Chair.

21/05 Election of Vice Chair

Andrew Carruthers, as the newly elected Chair, took the chair for this item. Andrew then asked Clare Morrison to lead on this item.

The Chair explained the process for the nomination of Vice-Chair in accordance with (Amended) Appendix E of the Regulations and informed the Board that two nominations had been received in advance of the meeting from:

Nomination	Proposer	Seconder
Kathleen Cowle	Self	John McAnaw
Omolola Dabiri	Self	Audrey Thompson
Jacqueline Sneddon	Self	Iain Bishop

There were no further nominations.

Alison Douglas explained the voting system and also reminded Board members that in accordance with the (amended) Regulations E that “in the event that no candidate receives a **majority of all votes cast**” then the procedure will need to be repeated.

Declarations of Interests for those nominated are as set out in paper 21.06.SPB.03.

The two nominees were invited to make a speech of no more than two minutes. All nominees were present and made a two minute speech.

First ballot: Jacqueline Sneddon was eliminated. A second ballot was held with Kathleen Cowle and Omolola Dabiri.

Second ballot: The successful candidate for the position of Vice Chair is **Kathleen Cowle**.

21/06 Appointment of one Scottish Pharmacy Board member to the RPS Assembly

Alison Douglas, Governance Manager, explained the process for voting.

As **Andrew Carruthers** has been voted as Chair, he has an automatic place on the Assembly; there is one additional place on the Assembly, totalling **two** places. All places are for a two year tenure.

The nominations were called in accordance with (Amended) Appendix C of the Regulations. No nominations were received in advance of the meeting.

Nomination	Proposer	Seconders
Omolola Dabiri	Self	Lucy Dixon
Kathleen Cowle	Self	Tamara Cairney

Declarations of Interests for those nominated are as set out in paper 21.06.SPB.03.

As the two nominees had already made short statements (when standing for Vice-Chair), no further statements were forthcoming.

A secret ballot was held as per (Amended) Appendix E of the Regulations and in line with the process set out by the on-line voting provider, Mi-Voice.

Kathleen Cowle was appointed to the Assembly for a two year tenure.

Andrew took over the Chair at this point and congratulated Kathleen.

21/07 Close of meeting (22 June 2021)

The meeting closed at 1.10 pm

21/08 Dates of next meetings

NPB meeting – 23 September 2021

Dates for 2022 meetings will be available after approval by the Assembly at their July meeting.

Board Members please note: All of the above dates are to be diarised across all SPB members. Board meeting dates are firm dates but Working Days will only be used at the discretion of the Chair and the Director for Scotland.

Appendix A.

Andrew Carruthers – Address for the Position of Chair of RPS Scottish Pharmacy Board

I initially got involved with the Royal Pharmaceutical Society (RPS) after recognising the need for change when several friends left the profession due to their expectations of pharmacy not being fully met. I started as a contributor to Medicines Ethics and Practice.

(MEP) and I was the RPS Local Co-ordinator for Greater Glasgow and Clyde for 3 years – where I organised and developed multiple events based on the needs of local pharmacists. I ensured these events provided networking opportunities and support. I was then co-opted on to the Scottish Pharmacy Board (SPB) in 2018 and I have been an active and effective member of the board. I was re-elected to the board in 2021.

Inclusivity and the engagement and support of early years pharmacists is a current key priority of the Royal Pharmaceutical Society. In order to drive membership numbers of early-years pharmacists and ensure they feel heard – my election as an early-years pharmacist to the position of SPB Chair would demonstrate this. I have the advantage of not being too far-removed from university and pre-registration training, and now have the added insight and experience of a term on the SPB and working as a senior pharmacist with an independent prescribing qualification across different sectors. My election as Chair of the SPB would send a message to the membership and the rest of the organisation that we are a dynamic, supportive and inclusive board – truly determined to increase engagement with early years members.

Throughout my experience with the RPS I have developed my knowledge of the profession, and healthcare politics. I completely appreciate that no one pharmacist can truly understand all aspects of the profession, as Chair - I would work hard to utilise the experience and knowledge of the other fantastic board members. I would lead the move towards a “one system” approach to pharmacy representation, rather than a focus on different sectors. Where I attend meetings on behalf of the SPB, I’d ensure that I represent the views of the Board and encourage collaboration and co-production of workstreams and statements. I’d ensure the SPB remain up to date with key discussions and outcomes.

As SPB Chair, I’d want to see an increase in membership engagement at RPS meetings as a strategy to increase the membership numbers of the RPS. I have advocated for members being able to attend and observe RPS Board meetings for quite some time. During the coronavirus pandemic the SPB have utilised

technology to meet remotely, and the Board have embraced this fully. In the future, I would like to see a blend of face-to-face and remote meetings of the Board and invite members to observe and participate. By utilising technology more it will make it easier for members to participate and engage with the RPS which will encourage membership renewal and drive-up membership numbers. Some of the recent observers are now SPB members or have become key contacts for the Board – which proves the value. Our membership also contains many specialists, and we should make use of their expertise more when developing policy and support documents, and these new ways of working are the ideal time to do this and identify these members.

I would support the re-introduction of RPS Local and the creation of an online RPS community. As a previous RPS local co-ordinator, I've seen first-hand that RPS Local events are a great forum to formally support the training and development of local pharmacists.

ROYAL PHARMACEUTICAL SOCIETY

21.09/WPB/04

Welsh Pharmacy Board meeting 22 June 2021

OPEN BUSINESS

WPB Minutes - Voting - 22 June 2021 at

Board members in attendance

Cheryl Way (CW), Ruth Mitchell (RM), Jamie Hayes, (JH), Elly Thomas (ET), Eleri Schivone (ES), Helen Davies (HD), Gareth Hughes (GH), Dylan Jones (DJ), Richard Evans (RE), Sudhir Sehrawat (SS).

RPS Staff in attendance

Elen Jones (EJ), Director for Wales, Cath Ward (CW) Business Manager for Wales, Ross Gregory (RG) Head of External Relations Wales; Iwan Hughes (IH) Public Affairs and Policy Executive Wales, Jonathan Lloyd Jones (JLJ) Policy and Engagement Lead Wales, Alison Douglas (AD) RPS Governance Manager. Robbie Turner (RT) Director of Pharmacy and Member Experience, Corrine Burns (CB) PJ Correspondent

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Chair
1 (9.00am)	Welcome			Welcome and introductions Elen Jones welcomed everyone to the voting segment of the meeting. She also advised that no observers had registered to attend the	Director for Wales Elen Jones

				<p>meeting.</p> <p>She congratulated the new and existing board members for their success in the recent elections to the Welsh Pharmacy Board.</p> <p>She also advised that due to COVID restrictions, it was necessary to create a process that could facilitate voting for officers. Mi Voice and AD would be running this process in the background and available to help with any technical issues.</p>	
	Apologies	For noting	No paper/Verbal address	No apologies were received.	Director for Wales Elen Jones
2	Declarations of Interests	For noting	21.06.WPB.02	Ruth Mitchell, Dylan Jones and Elly Thomas noted that they would send amended Declarations of Interest to the Business Manager.	Director for Wales Elen Jones
3	Election of Chair	For decision	Refer to amended Regulations Appendix E	<p>To elect chair in accordance with the amended Regulations appendix E</p> <p>Elen Jones as Director, assumed the role of Chair for this session.</p> <p>The board were informed that one nomination for Chair of WPB had been received as follows: -</p>	Director for Wales / Elen Jones Alison Douglas/Mi Voice

				<p>Cheryl Way nominated by Sudhir Seharwat and seconded by Ruth Mitchell.</p> <p>Cheryl Way confirmed that she was willing to accept the position.</p> <p>The board noted that the address had been circulated to the board in accordance with the Regulations. (i.e. within 7 days of the Board Meeting.</p> <p>The board fully ratified the decision to approve the nomination of Cheryl Way as Chair, and she was therefore duly elected.</p> <p>The Chair's written address is attached as Appendix A.</p> <p>Cheryl thanked the board for the confidence they had placed in her.</p>	
4.	Election of Vice Chair	For decision	Refer to amended Regulations Appendix E	<p>To elect vice chair in accordance amended Regulations appendix E</p> <p>Elen Jones in the Chair clarified the process of election of the Vice Chair role.</p> <ul style="list-style-type: none"> - Nominations do not need to be present at the meeting - Nominations can vote for yourself - Secret ballot via Mi Voice platform and 	<p>Director for Wales</p> <p>Elen Jones</p> <p>Alison Douglas/Mi Voice</p>

				<p>there is an abstain option</p> <p>Elen Jones confirmed that nominations received in advance of the meeting were as follows: -</p> <p>Elly Thomas nominated by Helen Davies and seconded by Gareth Hughes.</p> <p>On the day: -</p> <p>Ruth Mitchell nominated by Jamie Hayes and seconded by Richard Evans.</p> <p>Both candidates confirmed their intentions to stand.</p> <p>At this stage, the board moved to a secret vote using the Mi Voice platform.</p> <p>The result of the secret ballot was recorded as follows: -</p> <p>Ruth Mitchell was duly elected as Vice Chair of the WPB.</p>	
5.	Appointment of 1 Welsh Pharmacy Board member to the Assembly	For decision	Refer to amended Regulations Appendix C	<p>To appoint 1 Member of the WPB in accordance the amended Regulations Appendix C (NB Chair will automatically be member of the Assembly)</p>	<p>Director for Wales Elen Jones</p>

				<p>Elen Jones advised that one nomination to become the Assembly representative had been received in advance of the meeting.</p> <p>Elly Thomas nominated by Gareth Hughes and seconded by Helen Davies.</p> <p>On the day: - Ruth Mitchell nominated by Sudhir Seharwat and seconded by Jamie Hayes.</p> <p>Following discussion Elly Thomas withdrew her intention to stand, noting that she believed the role went hand in hand with the Vice Chair role.</p> <p>Ruth Mitchell was duly elected as the Assembly representative from the WPB.</p>	
6.	Co-option of Hospital Vacancy unfilled at Election	For decision		<p>Elen Jones advised that following the WPB elections one Hospital Sector place was not filled. This therefore meant that WPB had the option of co-opting a member into this position.</p> <p>WPB held an informal meeting prior to this meeting, at which Geraldine Mccaffery was nominated by several board members. Cheryl Way was tasked with speaking to the CPhO in North Wales and making an approach to the candidate.</p> <p>Geraldine Mccaffery confirmed that she was</p>	<p>Director for Wales Elen Jones</p>

				willing to accept the position. The WPB ratified Geraldine Mccaffery as the second Hospital representative on the WBP.	
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Appendix A

Nomination for Chair of the Welsh Pharmacy Board 2021

Having been a member of RPS since becoming a pharmacist and having the privilege of being on the Welsh Pharmacy Board for the last six years and Vice Chair for the last two years, I feel a great pride in where the profession has come under the leadership of the RPS.

As Vice Chair I have, on occasion, deputised for the Chair and throughout my time as Vice Chair I worked closely with the Chair and Director on Welsh and GB policy, face to face representation at Welsh Government, navigating the RPS as a business and the workings of Assembly. This enabled me to gain valuable skills, experience, and insights into understanding of what the role of Chair entails and has given me the confidence to be considered as Chair of the Welsh Board and represent the whole Board. I would also build on my experience as National Pharmacy and Medicines Management Lead for Digital Health and Care Wales where I chaired the Medicines Transcribing and e-Discharge Project Board and have led several national IT projects.

I have been involved with and watched with pride as the strategy and planning of the Welsh RPS team together with the GB team transforms into actions that shape the profession for the benefit of patients, working across sectors with other professional bodies and the Welsh Government. The tireless work to promote and support the work of pharmacists and their teams has been inspiring. The way pharmacists and pharmacy technicians have worked together to inform the vision for pharmacy in Wales that resulted in the publication of “Pharmacy Delivering a Healthier Wales” in 2019 has truly transformed what pharmacy will be in the future. Although a lot has been achieved there is a lot more to do. I believe I am well placed for this call to action as being a member of the Delivery Board charged with working to achieve the goals outlined in the vision I can influence others on the delivery and impact of actions within the vision. As Chair I believe I can be further empowered in this mission by being the strong voice of the Welsh RPS board.

In line with the Welsh Pharmacy Board's manifesto, I will work to ensure that information technology is available to support pharmacy service delivery. I have been involved and understand the need for digital systems for prescribing and medicines management integrated across sectors. The impact that the Covid-19 pandemic had on pharmacists and their teams who need appropriate access to patient records to enable them to provide safe and effective care to patients highlighted this. I am proud to have been involved in the changes made where information from GP records could be shared with pharmacists and pharmacy technicians in Welsh hospitals, as well as community pharmacists using the Choose Pharmacy platform and the transfer of information between the two, but more needs to be done. I will continue calling for improved access to systems and information for pharmacy staff in Wales, and across the borders within Great Britain and believe that as Chair I will be able to effectively do this.

We have all been through a very challenging year and pharmacy teams have been working throughout this time supporting patients, the public and our colleagues across all sectors of healthcare. I believe that this has increased the recognition of the value of our roles. This year has taken a toll on our own health and wellbeing, which has been recognised by the RPS who have worked hard with other organisations to ensure there is support for us available when we need it. I have signed the RPS Inclusion and Wellbeing pledge and as Chair will do all I can to ensure it is implemented on behalf of the Board and all our members. I believe that those non-members witnessing this will be inspired to join the society and so strengthen our depth of voice to include all those working with in the profession. I look forward to being able to meet face to face with members and the wider pharmacy professions when it is safe to do so. I love to learn and am a keen listener who is actively curious on how to bring in new ideas and reinvigorate plans from others with bright and inspiring minds. In the meantime, I hope that members will take advantage of the new digital networking opportunities that the RPS is developing. We have all learnt to do more virtually over the last year and I would want us to take advantage of the rapid progress that has been made to allow us to communicate over greater distances and to wider audiences sharing successes and learning from best practice.

It is great to see that we have four new members joining the Welsh Pharmacy Board this year. I welcome the new views and experiences they will bring. We had such a strong field of candidates this year, but sadly they couldn't all be elected. I will work to ensure those who care as passionately as we do about our profession are engaged with actively to encourage them to work closely with us to be even more successful in future. I wish to encourage all those not successful in this year's elections to remain engaged and stand again in the future. I am hugely grateful to our outgoing Chair, Suzanne, for the leadership she has demonstrated over recent years and will miss her and the other board members, Paul, Rob, Jodie and Adam, who chose not to stand again this year. They have contributed hugely to pharmacy in Wales and more widely and hope and trust that they will continue to support us.

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the meeting held on Wednesday 23 June 2021 at 9.00am, by Zoom.

English Pharmacy Board

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

Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Brian Addison (BA), W Iain Bishop (IB), Tamara Cairney (TC), Kathleen Cowle (KC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JMcA), Jacqueline Sneddon (JS), Audrey Thompson (AT)

Welsh Pharmacy Board

Cheryl Way (CW) Chair, Ruth Mitchell (RM), Vice Chair, Elly Thomas (ET), Eleri Schiavone (ES), Helen Davies (HD), Gareth Hughes (GH), Dylan Jones (DJ), Richard Evans (RE), Geraldine McCaffery (GF)

Invited Guests and observers:

Bella Shah, President elect, BPSA, Alex Scarbro, PR Officer & Vice-President elect, BPSA.

Jatinder Harchowal, Chair of the Hospital Expert Advisory Group (from 11am)

Sunayana Shah, Chair of the Industrial Pharmacists' Forum, 6 RPS members observers attended

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RPS Staff

Paul Bennett (PB) Chief Executive, Corrine Burns (CB) PJ Correspondent, Yvonne Dennington (YD) Business Manager England, Amandeep Doll (AD) Head of Professional Belonging, Gail Fleming (GF) Director of Education and Professional Development, Ross Gregory (RG) Head of External Relations Wales; Iwan Hughes (IH) Public Affairs and Policy Executive Wales. Elen Jones (EJ) Director for Wales, Jonathan Lloyd Jones (JLJ) Policy and Engagement Lead Wales; John Lunny (JL), Public Affairs Lead England, Luigi (Gino) Martini (GM) Chief Scientist, Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager Scotland, Helen Reilly (HR) Head of External Affairs, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Taylor (RTay), Support Officer, Robbie Turner (RT) (Director of Pharmacy and Member Experience, Cath Ward (CW) Business Manager Wales, Heidi Wright (HW) Practice and Policy Lead for England

21/06/01.	Welcome and address from CEO. Chair: EPB, Led by: Paul Bennett, Chief Executive. Paul Bennett (PB) introduced himself and welcomed everyone to the meeting, extending a particular welcome to guests and observers. PB congratulated new Board Chairs, Vice-Chairs and members of the Assembly. PB apologised to observers to the Elections' meetings (22 June) who were kept waiting; this was due to the meeting in Wales taking longer than expected, which caused a delay in both England and Wales. PB then went through the meeting etiquette and everyone was asked to introduce themselves.	
21/06/02.	Apologies. Chair: EPB, Led by: EPB. Catriona Sinclair (SPB), Jamie Hayes (WPB), Sudhir Sehrawat (WPB).	
21/0/03.	Declarations of interest. Chair: EPB, Led by: EPB (Items: 21.06/EPB/SPB/WPB/03). Amendments:	

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	<ul style="list-style-type: none"> Tracey Thornley (EPB), extension of secondment to Variants of Concern programme (Joint Biosecurity Centre, part of T&T, DHSC Programme). Duncan Petty (EPB), Adviser to a company, Core Prescribing Solutions and a Board member of the Yorkshire Health Alliance, GP Federation. Lucy Dixon (SPB), parents are retired pharmacists, sister-in-law is a hospital pharmacist, father-in-law is a retired GSK representative. Geraldine McCaffery (WPB), Employed by Betsi Cadwaladr University Health Board and Board member of Pharmacy delivering a Healthier Wales and a member of UKCPA. Elly Thomas (WPB), Partner in a GP practice in Pontypridd. Dylan Jones (WPB), Director of his independent Pharmacy (rather than an employee). 	<p>YD</p> <p>YD</p> <p>CR</p> <p>CW</p> <p>CW</p> <p>CW</p>
21/06/04.	<p>Minutes from the National Pharmacy Board meeting held on 3 February 2021. Chair: EPB, Led by: WPB</p> <p>(Item: 21.06/NPB/04). The minutes of the open business meeting held on Wednesday 3 February 2021 were agreed as an accurate record of the meeting. Approved by: Tracey Thornley and seconded by: Duncan Petty (EPB) Approved by: Brian Addison and seconded by: Kathleen Cowle (SPB) Approved by: Cheryl Way and seconded by: Dylan Jones (WPB)</p>	
21/06/05.	<p>Matters arising not specially included on the NPB Open Business Agenda and actions from previous meeting held on 3 February 2021. Chair: SPB, Led by: EPB</p> <p>Andre Yeung asked if the intention is to invite observers to have a phone call pre-board meetings to discuss papers. This is the intention and, indeed, was the case for this meeting; there were no requests for a call.</p> <p><u>21.07.02.1: Consideration to be given to collating a historical record of the pandemic.</u> There are two work streams working on this, led by Elen Jones (EJ), Director for Wales and Gino Martini. Elen reported that members had been asked for photos pertaining to the pandemic. Some had been received but looking for more. Nathan Wyburn, a Welsh artist, is working with the RPS to bring this</p>	

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	<p>together. Board members were asked to share any photos that they might have and also to promote to colleagues.</p> <p>The RPS Museum is also working on a record of the pandemic which will be uploaded to the newly launched museum web pages.</p> <p>(Item: 21.06.NPB/05). All other actions were closed.</p>	
21/06/06.	<p>Introduction of Chairs of the EAGs. Chair: WPB, Led by: Country Directors (CDs)</p> <p>Clare Morrison (CM), Director for Scotland, provided some background and context. A number of expert advisory groups (EAGs) have already been set up and are functioning but it was recognised that there were gaps and so three new groups have been set up; these are Digital, Community and Primary Care. The purpose of the EAGs is to advise the national boards and to inform policy decisions. The quality and number of applications was 'overwhelming'; a rigorous recruitment process was adopted to ensure a balance of group members that represented the profession. Although membership of the groups has been agreed and members have accepted, it is hoped that those who weren't selected will take the opportunity to engage and communicate with each through the wider network opportunities that are being set up through RPS connect.</p> <p>Each of the EAGs will be supported by a country director and business manager, Primary Care to be supported by Ravi Sharma (RS), Community by Elen Jones (EJ) and Digital by Clare Morrison (CM). The first meetings to take place in July.</p> <p><u>Primary Care Expert Advisory Group (PCEAG).</u> Anne Thompson (AT), Chair of the PCEAG, introduced herself and provided some background about herself and her career. Anne has worked in Primary Care since 2007 and, in that time, has experienced a lot of change and feels that there is a lot more to come She is the Lead Pharmacist for Primary Care Clinical Services, NHS Greater Glasgow & Clyde (GGC), delivering GP services. Anne has previously worked within hospital, community and rehabilitation at the interface; There are 14 health boards in Scotland, NHS GGC is the largest with 1.3m registered patients, across 233 GP practices, divided into 6 Health & Social Care Partnerships and 41 Clusters (PCNs in England). She</p>	

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	<p>is a member of the Scottish Pharmacy Practice and Prescribing Advisers Association and, as part of this, leads a clinical pharmacy workstream.</p> <p>Anne is looking forward to working with the other members of the PCEAG to look at how to support the RPS and to consider how to deliver a UK approach to the delivery and integration of services including pathways of care.</p> <p>There was a concern about terminology, particularly around community and primary care; Robbie Turner (RT), Director of Pharmacy & Member Experience, agreed that the renaming of the PCEAG should be considered but noted that the Primary Care has a wider remit than only GP practices.</p> <p>Need to ensure that pharmacy is linked in and involved with the Integrated Care Service (England specific) and also that community is included in prescribing practice.</p> <p><u>Community Pharmacy Expert Advisory Group (CPEAG).</u></p> <p>Janice Perkins is Chair of the CPEAG. She has been a pharmacist for 38 years and is very passionate about the part that community pharmacy can play. Janice was, until recently, a pharmacy superintendent at Well Pharmacy and is involved with the PSNC. She is currently Chair of the Community Pharmacy Patient Safety Group, something she set up with NHS England in 2014. She is delighted to have the opportunity to be Chair of the CPEAG; she is keen to harness the skills and talents of a very diverse group and also link in with the Chairs of the other EAGs to ensure collective thinking. The plan for the group is to have an 'ice-breaker' session, mid July for group members to get to know each other and to share knowledge and experience; this meeting will be followed by a formal meeting towards the end of July.</p> <p><u>Digital Pharmacy Expert Advisory Group.</u></p> <p>Darren Powell, Chair of the DPEAG, was not able to attend the meeting and so CM provided a brief introduction on his behalf. Darren is a Clinical Lead at NHS Digital and, as part of that role, delivers clinical governance oversight including clinical effectiveness, safety and benefits. Specifically, Darren is involved in the delivery of technologies on a national scale; including being the lead clinician at NHS Mail and a clinician on the electronic prescription service. Darren has also</p>	
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	<p>supported the summary care record programme and is also the CPPE programme guardian for the summary care record training modules and has wide connections over a number of networks.</p> <p>First meeting to take place on 7 July; one of the first matters to be considered will be the PRSB Community Pharmacy Standards.</p> <p>How will the EAGs work with the NPBs to move forward together? This to be considered at the National Board Chairs' Forum; date to be advised.</p> <p>The other EAGs are: Anti-microbial EAG, Industrial Pharmacy EAG, Early Careers Pharmacy EAG.</p> <p>There are also a number of committees and sub-committees formed at the behest of the RPS Assembly, these include: Education & Standards Committee, Science & Research Committee. All of the groups and committees are noted on the website.</p>	
21/06/07.	<p>Independent prescribing (IP). Chair: SPB, Led by: Jonathan Lloyd Jones (JLJ), Policy and engagement lead, Wales / Elen Jones (EJ), Director for Wales.</p> <p>The National Pharmacy Board noted Item: 21.06/NPB/07. JLJ introduced the item on IP, providing a brief summary of work to date and thanking those who have already contributed. It was noted that IP sits firmly within the RPS vision: to put pharmacy at the forefront of healthcare. BMs are asked to consider:</p> <p><u>The Campaign approach – seeking input from BMs.</u></p> <ul style="list-style-type: none"> • Pharmacists do not have read/write access to the summary care record; this is required in order to ensure effective and safe prescribing. • Pharmacists prescribe on paper, need the ability to prescribe electronically. • Concern that experienced pharmacists who are not prescribers will lose confidence and competence as there is a gap; Newly qualified pharmacists will be IP trained as part of their MPharm degree. EJ noted that the current policy document recognises the focus on early careers and also the current workforce; it is crucial that consideration is given to ensuring that 	

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	<p>the services are developed and also opportunities for experienced pharmacists to become IPs, a key policy ask already.</p> <ul style="list-style-type: none">• Ensure that the pharmacy workforce is involved in the delivery of change and provides some of the solutions to ensure quality and patient safety. Although this is a GB piece of work, there are different dynamics in the three countries and so lobbying work in each country will be crucial. There is an opportunity to use RPS resources to ensure quality.• Support for Designated Prescribing Practitioners (DPPs). BMs who can support the development of a DPP work stream to contact Gail Fleming directly. There was also a suggestion from a BM that the RPS holds a register of DPPs and that the register is made available to pharmacists applying to be IPs and who need a DPP; could be a USP for the RPS – to be considered.• Support for community pharmacy to develop its capabilities and expand its services, particularly in such areas as long-term condition management.• Support and guidance for prescribers to expand their scope and competence; BMs were informed that discussions are underway with Welsh Government to enable this work which will complement the existing RPS Competency Framework for all prescribers.• Consider the advances in community pharmacy in Scotland and Wales; Research evidence into the prescribing work taking place. JLJ confirmed that this is happening in Wales.• Clarification needed as to where increased funding for the MPharm degree will come from now that prescribing has been included in the curriculum.• Ensure that governance and peer support structures are in place to support IPs in community pharmacy.• Ensure that the managed sector is considered as well as community pharmacy. Gather evidence of good practice in the managed sector. This was agreed as a priority and EJ/JLJ to take back to the cross-directorate group to consider ways to improve support to the managed sector; Board members to support by providing evidence of good practice in this area. Underpinning structure should be a priority; access to the clinical record and EPS prescribing rights and access to the prescribing budgets.• Early careers and education; BPSA question about those who are currently on the MPharm course but started before integration, need to consider how they will be able to do the IP course. GF replied that there is variation across the nations with the implementation plans in	
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	<p>Scotland and Wales more advanced than in England. This is under consideration and is to be addressed so that the IP course will be available to all at the earliest opportunity.</p> <ul style="list-style-type: none">• Engage with the legislature as well as the health boards.• Ensure that there is also training by medics who have a different perspective to pharmacy DPPs.• Consideration required re: locums who, by the nature of their role, often get missed, e.g. peer support, access to records etc.• Current workforce – biggest barrier to these pharmacists becoming IPs is funding and also capacity. Unless more funding is forthcoming and providers expand their capacity for training this will become more challenging. <p>All three Boards reflecting together on the individual country challenges adds a depth and substance to the discussions; working together means that more RPS resource can be made available than if working as individual boards.</p> <p>Board members were asked to consider the remaining questions 2 and 3 in the paper and to feedback to Elen Jones and Jon Lloyd-Jones.</p>	
21/06/08.	<p>Genomics and Personalised Medicines Chair: EPB, Led by: Ravi Sharma, Director for England/Luigi Gino Martini, Chief Scientist.</p> <p>(Item: 21.06/SPB/08).</p> <p>RS briefly summarised the background and rationale for this item. He advised that Geonomics and Personalised Medicines was identified in the RPS 2021 Business Plan as a priority for raising awareness with the membership.</p> <p>Discussion with the board members and some of the comments made are: -</p> <ul style="list-style-type: none">• There was general support that there is a need to look internationally at the evidence base on pharmacy role,.• There is a need to build awareness and make a fundamental part of the MPHARM programme.	

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	<ul style="list-style-type: none">• Board members asked what input CPhOs had made and it was confirmed that all three countries had initial discussions. Involvement in the policy element and networking element. England are slightly ahead with the development of an Professional Network for pharmacists involved in pharmacogenomics.• There was a strong view that that Research needs to underpin this work. . This is something board members fully supported, noting that this could also include MHRA, Academia and Industry.• Board members were asked to inform RS if they had an interest and/or expertise in this area to advise and support the work. Board members noted that there is expertise amongst board and that work should continue in collaboration with GM Chief Scientist, and the Science and Research Team in shaping and scoping the project.• There was a concern raised about the capacity within the RPS teams as Geonomics is very wide ranging and should RPS focus on Pharmacogenomics. <p>In conclusion there was agreement the project should continue to progress as part of the National Pharmacy Boards Business Plan 2021.</p>	
21/06/09.	<p>Inclusion & Diversity. Chair: EPB, Led by: Amandeep Doll, Head of Professional Belonging/ Ravi Sharma, Director for England.</p> <p>National Pharmacy Board members noted paper 21.06/SPB/09.</p> <p>AD extended the invitation for board members, who hadn't already, to join the RPS ABCD group – links were circulated.</p> <p>RPS Inclusion and Wellbeing Pledge</p> <p>AD advised that the RPS Inclusion and Wellbeing Pledge had been finalised following various focus and reference groups, where people have shared their own experiences. To date 759 individuals, and 39 organisations have signed up to the Pledge.</p> <p>Discussion and comments were: -</p>	

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	<ul style="list-style-type: none">• There was overwhelming support for the work around I&D from the board members• Challenges around how RPS will gauge the effect on people and the wider profession were expressed and what measures are in place to evidence any change. AD responded explaining that there are plans for level of engagement in different groups – RPS held a members’ survey in 2019 and this will be repeated in 2022 to see if anything has changed, and work is ongoing with the Research Team to demonstrate impact on the profession. There are a series of positive ‘impact’ case studies which are being collected and will be part of the evaluation.• Question raised regarding RPS EDI Data collection progress. Data collection and analysis has been completed. Paper is being prepared for RPS Assembly and will be discussed in open business in July 2021.• Leadership is crucial and it is vital that RPS challenges other organisations’ policies and standards to ensure that they are conforming – the RPS is having discussions with Heads of HR in organisations to see what difference has been made.• Board members were concerned about social class characteristics being included in any impact assessment and AD advised that Social Economic background is embedded in the RPS Equality Impact Assessment process.• It was noted that the recent Fellows announced were not inclusive of diversity and reflections should be made. Board members were informed that this issue will be discussed at the next Assembly meeting in open business. <p>The Chair asked if everyone at the meeting could sign up to the RPS Inclusion and Wellbeing Pledge during the lunch break and when returning to the meeting use the raised hand option to show this had been completed.</p>	
21/06/10.	<p>RPS Connect update. Chair: WPB, Led by: Clare Morrison, Director for Scotland.</p> <p>National Pharmacy Board members noted paper 21.06/SPB/10.</p> <p>CM updated the new board members on the RPS Connect progress to date.</p>	

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	<p>Functionality</p> <p>CM advised that RPS is working with the designer at this time and shared a mock-up of what the site could look like.</p> <ul style="list-style-type: none">• Post discussions – write a post and respond• Topic and tagging for search functionality• Discussion polls• Groups open /closed• Direct messaging and one to one support <p>Next Steps</p> <ul style="list-style-type: none">• Early adopter sessions - National Boards, at least one RPS Local group, one expert advisory group and one career stage group. Others may be considered - full scale launch in Autumn• Ongoing work on the platform• Staff sessions <p>Discussion and comments from Board members as follows: -</p> <ul style="list-style-type: none">• Full support for the RPS Connect from the board members and they are keen to be a part of the early adopter sessions• Concern was raised about trolling and moderation of this – there are reporting processes and security measures to avoid this occurring and there are terms and conditions that need to be signed up to.• There is a need to look after people and have the appropriate mechanisms to prevent this – transparency• Board members supported the view that the Expert Advisory Groups could be hosted on RPS Connect• It has not been defined whether there is scope for non-members to access RPS Connect• Concerns about people who, for whatever reason, cannot use or access was raised – there will there be an equality impact assessment.	
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21/06/11.	<p>Items for noting. Chair: SPB, Led by: Country Directors.</p> <p>The National Pharmacy Board members noted the following items and corresponding papers 21.06/NPB/11 (a) - (g).</p> <ul style="list-style-type: none">(a) Science & Research update(b) Covid Response Team update(c) Policy(d) Public affairs(e) Workforce wellbeing(f) Education update <p>Board members functions and duties</p>	
21/06/12.	<p>Sustainability Chair, Thorrun Govind, EPB, Led by EJ, Director for Wales</p> <p>The National Pharmacy Board members noted paper 21.06/NPB/12</p> <p>EJ thanked all those who had contributed to the workstream thus far. As an organisation RPS is investigating ways of decarbonising in terms of financial investments and procurement policies. She advised that Sustainability was identified as a priority area for the 20/21 RPS Business Planning. There is significant work ongoing in all three countries.</p> <p>The next session was divided into country breakout sessions for discussion and decision on Declaring a climate emergency, Policy and position statements and collaborating and sharing best practice.</p> <p>As a point of clarity regarding the final draft of the Declaration, it was noted that the Assembly will need to review the impact this could have on finances of the organisation.</p>	

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	<p><u>EPB Breakout Session</u></p> <p>TG confirmed that everyone had read the paper and the draft declaration that had been circulated in advance of the meeting. It is noted that the declaration was recirculated to those who had missed the email containing the declaration.</p> <p>The EPB were then asked for their reflections and comments on the paper and declaration and some of the comments made are:</p> <ul style="list-style-type: none">• Seeking Assembly approval for any costs associated with this work was reiterated in this session as it had been raised in the plenary session at the beginning of this item – the first section of the declaration will need rewording to be mindful of this• Assembly and the Finance and Investment committee are already considering ethics and sustainability with the RPS investment portfolio and the statement resonates with that.• The statement must be backed up with tangible actions from the RPS, showcasing our activity – there is a workplan that supports the declaration• Delivery and making it relevant to practice is important• Use the work that FIP and Regional Medicines Optimisation Committees have already done in this area• Work together with other areas of pharmacy eg NHS procurement, manufacturing and industry, to bring them on the journey with us• Need to consider how we measure the impact we are having• Volunteers from the board to put themselves forward to RS. <p>TG thanked everyone for their input and rich discussion. It is evident that there is support for the concept but that more work needs to be done on the declaration and needs to be discussed by the Assembly for further review. The EPB cannot agree to the declaration in its present form.</p> <p><u>SPB Breakout Session.</u></p> <p>CM confirmed that everyone had read the paper and the draft declaration that had been circulated in advance of the meeting.</p>	
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	<p>The SPB was asked for their reflections and comments on the paper, declaration and three questions.</p> <p>1. Finalise and approve the climate emergency declaration including our commitments.</p> <ul style="list-style-type: none">• The Board supports the climate emergency declaration but with the caveat around and awareness of the financial impact.• Involvement of specialist groups.• RPS should highlight best practice – this should be a ‘spotlight’ on all pharmacists (members and non-members). <p>2. Setting up a virtual sustainability policy group</p> <ul style="list-style-type: none">• The SPB supported the setting up of a virtual sustainability policy group.• At least two representatives from each Board. It was agreed that Lucy Dixon should lead and Audrey Thompson will also represent the SPB on this group.• As part of the policy, look at extended recycling (Councils), example of recycling inhalers. <p>3. Creating a hub using the RPS Connect digital solution</p> <p>The SPB supports the use of an RPS Connect hub to share best practice. Examples of content could be:</p> <ul style="list-style-type: none">• Digital solutions for meetings.• Influencing policy makers for frictionless solutions.• COP26.• Medicines waste - processes across all settings to limit the amount of wastage.• Highlight best practice – this should be a ‘spotlight’ on all pharmacists (members and non-members).• Use and management of paper-based resources.	
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	<p>Other comments included:</p> <ul style="list-style-type: none">• COP26 Conference in Glasgow, how can the RPS Sustainability work capitalise on this? 100 days of hope campaign in the Glasgow Herald in the lead up to COP26. RPS has signed up to this and so will have an interview where best practice, issues and case studies in pharmacy can be highlighted. A '100 Days of Hope' declaration will be taken to the conference; RPS will be a signatory. <p><u>WPB Breakout Session</u></p> <p>EJ asked if everyone had seen the latest version of the Declaration paper.</p> <p>WPB comments on the paper and declaration made are: -</p> <ul style="list-style-type: none">• WPB entirely support the Sustainability agenda• In the light of the comments raised in the plenary session about seeking Assembly approval for any costs associated with this work, rewording the declaration to reflect this• Support the hub approach in sharing best practice – create links with Pharms Companies• Need to engage and involve younger members as this is their future• Green Health Wales launch is scheduled 29th June connect and share learning across Wales to transform Health and Social Care to become climate smart• Local Health Board are piloting social prescribing, which is also happening in some of the Bevan Projects – connect with this• There is an appetite from patients to re-establish recycling medicines via the pharmacies - can we investigate this• RM and ES volunteered from WPB to assist GB with this work <p>EJ thanked everyone for their input and discussion. There is full support for sustainability. More work is needed on the declaration to strengthen and to take account of associated costs.</p>	
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	<p><u>Plenary Session</u></p> <p>TG reported back to Board members that the EPB supported sustainability, but more work needs to be done on the Declaration and suggests presenting to Assembly for review. Metrics also need to be included to evaluate the tangible impact. EPB is happy to input into the policy work. CW reported back to the main session that WPB were fully supportive of the Sustainability agenda. Recognise that the declaration needs rewording. Patients would like pharmacies to recycle Medicines, and there is a need to involve younger people. WPB would like to input into the policy work. The SPB supports the climate emergency declaration but with the caveat around and awareness of the financial impact; SPB also supports the establishment of a virtual Sustainability Policy Group; would like to highlight work already being done to address climate change by pharmacists and also recycling of medicines.</p> <p>In conclusion there are three main areas that require further action before this can be finalised.</p> <ul style="list-style-type: none">• Strengthen and rewording of the declaration• Shape the policy• Liaise with RR and PB regarding the financial and procurement connotations	
21/06/13.	<p>Any other business</p> <p>Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.</p> <p>One item was raised within this timeframe by DP (EPB) regarding the RPS statement on Covid Vaccinations and the potential to be mandatory.</p> <p>In England there appears to be political motivation to make vaccination of patient facing healthcare professionals mandatory.</p> <p>There was some discussion about the current policy statement:</p> <ul style="list-style-type: none">• not being strong enough and not focusing on ethical duty.	

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	<ul style="list-style-type: none">• Others thought the statement was strong enough and does not need reviewing.• Comments on being ethically indefensible if a healthcare professional is unvaccinated and spreads the disease were raised.• There is current precedent for healthcare professionals to have mandatory vaccinations for other diseases in some patient facing roles.• Others thought that it could set a precedent making it mandatory, the issue has never been raised for flu for instance.• If a healthcare professional chooses not to be vaccinated they should have an ethical duty to declare it.• No political appetite Scottish or Welsh Governments to follow English Government approach• Bear in mind that the RPS lobbied to have pharmacists and their teams included in the initial roll out of vaccinations for healthcare professionals. <p>Action: It was decided to keep a watching brief on this issue via the CRT internal group as it may not come to fruition by the English Government and if necessary will revisit at the National Board Meeting in September. The RPS plans to engage with members to find out their views.</p> <p>It is important that the organisation comes to a unified professional point of view on this issue, it is not practical to have conflicting views across the countries.</p> <p>The National Pharmacy Boards agreed that the statement is to remain in place for the time being pending consultation with members once a Westminster Government consultation is released on this issue.</p>	
21/06/14.	<p>Dates of next NPB meetings:</p> <p>Joint board meeting – 23 September 2021</p> <p>(Note:</p> <ul style="list-style-type: none">• EPB – there is an option for an additional board day if required)• SPB and WPB have the option for 1 additional working days)	

Meeting closed at: 13.55pm

Action List:

Item no	Action	By whom	By when
21/06/03	Update declarations of interest as noted in minutes	Business Managers	June 2021
21/06/05	BMs to share photos from the pandemic and also to ask their colleagues to share.	Elen Jones	25 June 2021
21/06/06	<u>Expert Advisory Groups.</u> <ul style="list-style-type: none"> Reconsider the name of the Primary Care Group so that it reflects more accurately its focus. Consider how NPBs & EAGs will work together. Take to NBCF for consideration at next meeting 	Robbie Turner Robbie Turner	July 2021 Date TBC
21/06/07	<u>Independent Prescribing.</u> <ul style="list-style-type: none"> Designated Prescribing Practitioners – BMs who can support this work to contact GF directly. Managed sector - EJ/JLJ to take back to the cross-directorate group to consider ways to improve support to the managed sector Board members to support by providing evidence of good practice in this area. Board members were asked to consider the remaining two questions and to feedback to Elen Jones and Jon Lloyd-Jones. 	Gail Fleming/Board members Elen Jones/Jon Lloyd-Jones Board members Board members	7 July 2021 July 2021 July 2021 July 2021

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21/06/12	Sustainability declaration and policy <ul style="list-style-type: none">• Strengthen and rewording of the declaration• Shape the policy• Liaise with RR and PB regarding the financial and procurement connotations	Lead by EJ liaising with NPB.	July 2021
21/06/13.	AOB: Mandatory vaccinations for health care professionals – keep watching brief and revisit, if necessary, at the September 21 NPB meeting. RPS to engage with members to find out their views	CRT team	Sept 2021

National Pharmacy Board meeting 23rd September 2021

Title of item	Sustainability & Climate Action Project
Author of paper	Elen Jones
Position in organisation	Director for Wales
E-mail	Elen.Jones@rpharms.com
Item to be led at the meeting by	Elen Jones
Headline summary of paper	To update on the activity to date and discuss future planned work for pharmacy's role in environmental sustainability and consider collaborative approaches for taking work forward.
Purpose of item (decision / discussion)	Discussion & Decision
For consideration	Next steps on our campaign approach & a focus on our priority areas for policy position.
Risk implications	RPS & pharmacy more widely not demonstrating leadership and taking action on climate change.
Resource implications	Staff and board time

Country boards are asked to consider the following questions:

1. Are there any other key activities, not identified in the paper, that the board would like the team to consider and scope taking forward?
2. Should we work to adopt recently published Professional Bodies Climate Action Charter, developed by Professional Associations Research Network (PARN) (Appendix 2).
3. Board members are asked to consider RPS membership of the UK Health Alliance on Climate Change (UKHACC).

Please note this paper is purely focused on the professional and policy work associated with the sustainability project, in line with the remit of the national boards. Member feedback about our financial investment strategy will be considered at the upcoming assembly. Board members may wish to feed in views of this via Assembly members for consideration.

Background:

RPS has undertaken significant research and stakeholder engagement to establish the current landscape of sustainability within pharmacy and healthcare across GB. This has helped us to understand how the pharmacy profession can respond to climate change.

1. Boards are asked to consider if there are any other key activities, not identified in the paper, that the board would like the team to consider and scope taking forward?

Activity to note since the last board meeting in June:

Climate and Ecological Emergency Declaration: Following the support from the three national boards for progressing the declaration, a discussion was held at assembly to discuss the organisational commitments. Assembly approved the declaration and supported that the organisation is on a journey in transitioning to include ESG principles in all we do. Further discussions will be needed at future assembly meetings to continue the progression of this important commitment. Our investment strategy will be regularly reviewed by Assembly in line with our commitment to delivering a sustainable future.

The [declaration on the climate and ecological emergency](#) facing society along with information on our [work to improve sustainability across RPS](#) was officially launched on Sep 1st.

Comms and media work to note: Following our declaration a number of activities have been organised to promote and amplify the work of our members. Blogs have been written from members in England, Scotland and Wales who have been supporting our work.

These blogs are being shared on our website and highlighted through social media channels as well as through our newsletter.

Published articles include:

- The PJ joined forces with more than 200 health journals simultaneously publish [climate change plea](#), calling on international leaders to act faster to reverse the climate crisis.
- [The Climate Emergency: How Pharmacy Can Make a Difference](#) – Opinion piece in the IWA, the Welsh agenda.
- We have been interviewed for a full page article in The Herald paper in Scotland (scheduled for publication on 16 September) as part of its 100 days of hope campaign which is focused on sustainability work being led in Scotland as we count down to COP26

Insights from the profession- As part of our scoping activity, we have spoken to and received information from a number of pharmacists from across GB who have expertise and a passion for driving positive change for sustainability. It's notable that there are already great local examples of innovation and pharmacy teams changing their practice in order to become more sustainable. Many of these examples are being worked into case studies to support information that will be included in our policy work.

Informing our Policy - A wide evidence base has been gathered for positive steps that pharmacy can make to reduce our contributions to climate change and to positively influence future sustainability. We now need to refine this work and prioritise the areas that we believe will have the most significant impact. We held an initial scoping evening with the sub-group from the board on the 6th of September to help with this work.

Discussion areas include; (this is not an exhaustive list)

Medicines development and manufacturing	Medicine appraisals	Prescribing medicines	Reviewing and optimising medicines
Reducing medicines waste	Disposing and recycling of medicines	Reducing the amount of plastics	Procurement and logistics
Antimicrobial resistance	Inhalers	Medical gases	Population health
Digital consultations	Infrastructure	Education	Veterinary medicines

We are pleased that many of our members have been so pro-active in engaging with our policy work to date and welcome continued engagement. We will be inviting members to inform the policy work through a focus group webinar at the beginning of October.

Stakeholder activity;

- The Climate Change, Environment, and Infrastructure Committee in Wales has been set up by the Senedd to look at policy and legislation, and to hold the Welsh Government to account. The Committee is consulting on its priorities for the Sixth Senedd (2021-2026) we have responded to this call, highlighting the need to focus on issues including medicines and digital infrastructure.
- We have been working with the pharmacy decarbonisation lead in Welsh Government and colleagues in Public Health Wales to align priorities and work for the profession.
- We have met with colleagues in NHS England and Greener NHS to share our workplan and to start aligning priorities as we develop our policy work.
- We are working with the Green party in Scotland to highlight some of our early calls to action.
- We meet with a host of other organisations and bodies to see how we can best collaborate, including pharmaceutical companies, members of pharmacy declares, FIP, the uk health alliance on climate change, and Royal colleges.

Additional planned activity for 2021

Social Media live - An opportunity to hear from pharmacists who are leading the way with environmental sustainability work from England, Scotland and Wales. The Q&A will be chaired by RPS president Claire Anderson and broadcast live on social media channels.

Member networking and collaboration - It has become evident from our stakeholder engagement that members want to connect with others to help their approach to more positive sustainable practice. We will be creating this opportunity through RPS Connect and will be working with members to create the appropriate groups.

Policy and stakeholder work – following our policy development we will be embarking on advocacy and stakeholder work to help ensure our policy asks become a reality. We will look to collaborate with other Royal Colleges and healthcare organisations to strengthen our calls to action.

2. Boards are asked to consider whether we should work to adopt recently published Professional Bodies Climate Action Charter, developed by Professional Associations Research Network (PARN).

As part of our membership of PARN, the RPS was recently invited to adopt formally a newly created charter focused on the role of professional bodies in climate action. It recognises the uniquely powerful platform that professional bodies have in both the actions they take themselves and through the support and guidance they provide to the professionals they represent. Communication from PARN has stressed that the charter is “designed to support good intention rather than prescribe a definitive rule book”.

PARN members are asked to adopt formally the charter via their governing structures before the end of September 2021. This timeline is so that arrangements can be made for promotion and activity at COP26, which is the United Nations Climate Change Conference, being held at Glasgow in November 2021. The initiative has already been discussed with the UK COP25 team who have shortlisted an event in the “Blue Zone” at COP26 which would be focused on highlighting the charter, showcasing best practice, and engaging international professional networks.

If agreed by Assembly, RPS staff can explore opportunities for showcasing pharmacy innovation and best practice as part of this event.

Note, that all members of PARN have been invited to adopt the charter. The full list of PARN members can be found [here](#). The charter itself and further information can be accessed [here](#).

3. Board members are asked to consider RPS membership of the UK Health Alliance on Climate Change (UKHACC).

OPEN BUSINESS

The UK Health Alliance on Climate Change is an alliance of 21 health organisations including a number of other professional bodies and royal colleges:



UKHACC describes its mission as that of “leading the UK health profession’s response to climate change, advocating for responses to climate change that protect and promote health”. Its stated aims are to

1. Unite health professionals on a platform of policy and practice
2. Amplify health voices in advocating for change
3. Empower our member organisations to champion climate action
4. Enable our member organisations to reduce the climate impact of their activities

UKHACC operates as a non-profit unincorporated association, with staff and finances for the secretariat hosted through the BMJ.”

More information on UKHACC’s recent activities and impact, 2020-2025 strategy and member engagement can be found in the ‘UKHACC Prospective member application pack’(appendix 1).

Assembly members are asked to note the subscription fees for those allied member organisations who themselves represent a membership. The minimum financial contribution for this category of membership (applicable for RPS) is based on 25p per member, with a cap of £5kpa.

UKHACC Prospective member application pack

About UKHACC

The [UK Health Alliance on Climate Change](#) (UKHACC) brings together more than 20 member organisations including the Royal Colleges of Medicine, the Royal College of Nursing, the British Medical Association, Faculties of health, *The BMJ* and *The Lancet*. Together our members represent over 650,000 health professionals, mostly working in the NHS. Our vision is that the threats to planetary health from climate change are minimised in a way that maximises potential benefits to health.

The mission of the Alliance is to lead the UK health profession's response to climate change, advocating for responses to climate change that protect and promote health. We aim to:

1. Unite health professionals on a platform of policy and practice
2. Amplify health voices in advocating for change
3. Empower our member organisations to champion climate action
4. Enable our member organisations to reduce the climate impact of their activities

UKHACC currently operates as a non-profit unincorporated association, with staff and finances for the secretariat hosted through the BMJ.

Recent Activities and Impact

Advocacy:

- Developed our Call to Action for COP26 which highlights the importance of keeping below 1.5°C and offers strategies for achieving this - this call can be supported [here](#).
- In 2019, and earlier, UKHACC campaigned alongside a broad coalition of civil-society, business and faith groups across the country for the UK Government to become the first major economy to set a target for carbon neutrality.
- UKHACC published a [policy paper on air quality](#) in 2018. Several of the Alliance's recommendations have since been wholly or partially implemented. For example, the ban on the sale of new petrol and diesel cars in the UK has been brought forward from 2040 to 2030. Clean Air Zones are also increasingly being introduced across the UK.
- UKHACC has championed stronger air pollution regulations in the Environment Bill debates by sharing [briefings](#) at various stages with all MPs, both as an alliance and [in partnership](#) with fellow health charities the British Heart Foundation and the British Lung Foundation/Asthma UK. Most recently, in [a joint letter to the Prime Minister](#), Environment Ministers and members of the House of Lords.
- UKHACC has published a [policy paper on food, climate and health](#). Recommendations for decarbonising the food system were presented to the Scottish Climate Assembly, which has drawn on these in their [interim report](#).

- In June 2020, UKHACC collaborated with the London School of Hygiene and Tropical Medicine to devise and advocate for our principles for a healthy and green recovery from the pandemic - as published in the [Telegraph](#) and [BMJ](#).
- Engaging with the Cabinet Office team delivering COP26 to promote the role of the health community at the conference, and as a topic of discussion. In November 2020, UKHACC co-hosted the first day of the UNFCCC's 'Race to Zero dialogues' with the WHO, Global Climate and Health Alliance and other partners.
- As the UK was developing its new NDC, in October 2020 UKHACC [wrote to the Prime Minister calling for targets which are consistent](#) with limiting global warming to 1.5°C in an equitable way. The UK has since set some of the most [ambitious international climate targets](#) to date.

Empowering members and the health sector:

- Coordinated members' input into NHS England's Greener NHS programme for net-zero emissions, and, as part of the advisory committee, UKHACC helped to develop the plan and target for NHS England to become the world's first carbon-neutral health service.
- Enabled members to develop health professionals' understanding and concern about climate change and its health impacts through jointly delivering a series of webinars.
- Developed a supporter list with over 1300 members in its first four months whom we keep up to date with campaigns.
- With Global Action Plan, UKHACC delivered a pilot project, jointly funded by Defra and the Clean Air Fund, to educate and enable paediatricians and respiratory health professionals to provide better advice to their patients on air pollution. This included developing materials and delivering training online across the UK.
- UKHACC has supported several of our members to divest from fossil fuels, and many more to develop plans to reduce the climate impact of their organisations - both through advising and sharing good practice between members.

Our current strategy

This runs 2020-2025 and will be refined iteratively over this time. Our current priorities are:

- **Campaigning on key moments to accelerate decarbonisation and improve health**
 - Highlighting air pollution as a driver to ensure the phasing out of coal-fired power and decarbonisation of the transport system.
 - Ensuring the UK Presidency for COP26 (the annual UN meeting on climate change) is ambitious, that the UK's Nationally determined contributions (NDCs) catalyse increased ambition from other countries and is consistent with our commitments under the Paris Climate agreement to reach carbon net-zero by 2050.
 - Campaigning for a more healthy and sustainable food system in the UK.
 - Advocating for a healthy recovery from the pandemic by ensuring economic stimulus packages do not increase GHG emissions.
- **Enabling our members to do more**
 - Sharing learning and best practice among members.
 - Increasing carbon literacy among all health professionals.
 - Promoting member actions to inspire others.
 - Developing training and webinars with members to increase awareness of the climate impact of health and actions to take.
 - Enabling health professionals to advocate directly with new online tools.
 - Prompting and helping members to reduce their own carbon emissions to net-zero.
- **Supporting the Greener NHS programme**
 - Creating networks of health professionals to act as champions to act on climate change and health.
 - Coordinating working groups of specialists to develop their plans for decarbonising
 - Sharing and disseminating information to support the Greener NHS programme and work with the health services in Scotland, Wales and Northern Ireland.
 - Promoting to global audiences to encourage decarbonisation in health systems around the world.
- **Securing a sustainable financial model for the Alliance**
 - Expanding the membership by actively seeking organisations that bring a diverse range of health professionals to our Alliance.
 - Developing funding proposals for projects to increase capacity and support.
 - Seeking funding to enable member organisations financial contributions to decrease.

Benefits of being in the Alliance

Member organisations have specific remits – their missions are largely concerned with improving standards and clinical quality, and achieving excellence in healthcare. Getting the NHS across all four nations to net-zero carbon emissions will mean major changes to clinical practice, making climate change core to the work of our members.

By working in partnership, Member organisations will be able to establish credibility and influence in this important area – which will have an impact on the professional practice of their members and the health of patients. Benefits include:

- Intelligence and insight from the influencing work of the Alliance;
- Robust and tested policy development by accessing additional expertise;
- Reduced duplication of effort within the sector;
- The ability to respond to the demands of their members for greater emphasis on the impact of climate change;
- Support for internal action to reduce the climate impact of their own body and profession, by collaborating with others.

Member expectations

Membership is available to organisations that are able to:

1. Represent one aspect of the UK health profession and/or are involved in their education, professional study or development; including professional journals, student organisations and professional bodies for non human health.
2. Support the policy platform and advocacy work of the Alliance;
3. Work collaboratively with the other member organisations;
4. Contribute financially to the Alliance's core income.

Members are expected to nominate a Council representative. Council meetings are twice a year, being the Alliance's principal deliberative body. Members can also stand for election as part of the Executive which oversees the day-to-day work of the Alliance, and to be the chair of the Alliance.

Each Member organisation will provide a senior staff contact and a day-to-day contact in their organisation to work with the Alliance Secretariat on communications and policy messaging, and to support the implementation of its campaigns, media strategy, and efforts to engage with individual healthcare professionals.

Policy and Public Affairs professionals within the allied organisations help the Alliance develop policy positions, create reports and respond to Government consultations. They also facilitate engagement with Government and other stakeholders on health and climate change policies.

Responsibilities

Members of the Alliance will be expected to:

- Nominate a person in their organisation to be the day-to-day contact point for co-creation of communications and policy;
- Nominate a representative to sit on the council that meets twice a year
- Be willing to communicate the work of the Alliance to their membership;
- Be willing to support project funding for the Alliance;
- Be willing to share with other member organisations, on a confidential basis, best practice on reducing the climate impact of their organisation.

Subscription fees

(NB changes to these fees and approval of new members will be proposed in September, please see below)

For those allied Member organisations who themselves represent a membership (for example a Royal College), the minimum financial contribution is based on 25p per member, with a cap of £5K pa, and a further £3K voluntary contribution.

For those allied Member organisations who do not represent a membership (for example a Journal) the suggested core contribution is £8k pa.

Allied Member organisations are asked to contribute a minimum amount to the Alliance's core income each year. As we are facing a climate and health emergency, we encourage members to contribute above the minimum amount (see the guidance below for the minimum and suggested contributions). The Alliance aims to generate additional project funding from external sources.

Member organisations will also act, on a case by case basis, as fiscal sponsors for any external funding on behalf of the Alliance.

The joining process

We welcome applications from prospective members who meet the eligibility criteria and are happy with the terms of membership outlined above.

Prospective members should review this document and contact the Alliance if they meet the criteria outlined above and wish to apply for membership. Employees of the Alliance will arrange to meet with relevant individuals and staff to undertake an application process whereby any questions can be answered, relationships are built and ways of working together can be explored.

Applications will then be reviewed by the Secretariat and Council, and be put forward to the Council for final approval as members. The Alliance accepts new Member organisations subject to the approval of the Council – either at the annual meeting, or via an email discussion and vote if outside of this cycle. The decision making process is led by the Chair, and applications will be approved if they receive a two-thirds majority.

Members will then be invoiced for subscription fees. This process has been implemented to help us streamline the process for new member inductions.

NB Council in September 2021 will be asked to consider the following proposed changes

1. Minimum fee (TBC) due to the administrative burden of membership
2. Approval of new members by email by exception (this is already in effect how approval has been done)
3. For journal subscription fees, if turnover under £3m, to pay £1000. If turnover £3-10m, to pay £3000. If turnover £10-20m to pay £5000 and if over £20m to pay £8000
4. A membership best practice guide developed and agreed by the Executive will be linked as something for members to aspire to
5. To create a new class of membership for student organisations and organisations in the first year of life, with the same expectations but a membership fee of £1
6. A possible rise of subscription fees (both per member and maximum cap) of 5% to account for inflation

Membership Agreement Form

I confirm that our organisation:

1. Represents one aspect of the UK health profession and/or are involved in their education, professional study or development; including professional journals, student organisations and professional bodies for non human health.
2. Supports the policy platform and advocacy work of the Alliance;
3. Will work collaboratively with the other member organisations;
4. Will contribute financially to the Alliance's core income (as outlined above).

We would like to proceed with our application to become members of the UK Health Alliance on Climate Change. Our organisation is able to pay the yearly subscription fee and we understand the requirements to engage through Council and staff contacts.

Name of organisation	
Name and role of person completing this form	
Nominated Council representative (name and email)	
Up to 2 day to day-to-day staff contacts (ideally 1 senior and 1 junior) (name and email)	1. 2.
Signature By signing here I confirm that <ol style="list-style-type: none"> 1. our Nominated Council representative is able to represent our organisation 2. I agree to the terms above 	

National Pharmacy Board meeting – 23rd September 2021

Title of item	Pharmacy workforce issues
Author of paper	Helen Reilly, Ross Gregory and John Lunny
Position in organisation	Public Affairs leads
Telephone	
E-mail	helen.reilly@rpharms.com
Item to be led at the meeting by	Clare Morrison, Ravi Sharma and Elen Jones
Headline summary of paper	It is important for RPS to have a clear position on workforce. Pharmacists are essential to ensure patients receive safe and effective care relating to medicines so we need to make sure we have the right number of pharmacists with the correct skills, and also sustaining the profession in future. This work must be based on data so that meaningful workforce planning can be undertaken. This paper poses some questions for discussion and provides some background information on workforce data we have been able to source.
Purpose of item (decision / discussion)	Discussion and to make recommendations on next steps
For consideration	Questions included at the beginning of the paper.
Risk implications	Without a clear policy, RPS will be unable to influence the debate on pharmacists' workforce numbers.
Resource implications	Staff time.

Pharmacy workforce

Questions for consideration:

1. What are the priority issues that RPS should explore in more depth with the profession in order to create a future policy/position statement on workforce?
2. What should RPS do to influence workforce issues?
3. Should RPS call for action in the short term to reduce workload in light of immediate workforce pressures? If so, what should these calls be?
4. How should this work be taken forward so that it is aligned across GB but has the flexibility to address the country-specific workforce issues?

What we are looking to achieve

- We are looking to develop over time a clear policy position for RPS so that we can lead and influence the debate on workforce numbers.

Background workforce data

GB

GPhC survey

The GPhC's *Survey of registered pharmacy professionals 2019* showed that just under a third of pharmacists intended to decrease the number of hours worked in the next three years: England, 32%; Scotland, 28%; Wales, 33%.

12% said they planned to increase the number of hours worked.

2% said they did not intend to continue practising.

www.pharmacyregulation.org/sites/default/files/document/gphc-2019-survey-pharmacy-professionals-main-report-2019.pdf

England

Health Education England has conducted workforce modelling across health professions. The Health and Social Care Committee has called for the modelling, including workforce projections to meet demand, to be published.

<https://committees.parliament.uk/publications/3165/documents/29375/default/>

There was a limited % response to HEE's 2020 and 2021 Community Pharmacy Workforce Survey, which will increase uncertainty about any conclusions drawn from the sample size. RPS had called for the survey to be included in the Community Pharmacy Contract Framework Pharmacy Quality Scheme in England to improve uptake, but this was rejected.

Vacancy Data in England:

- This was collected some years ago via Pharmacy Education Development Committee which was funded for NHS Trust employed staff only.
- Funding was stopped approximately 10 years ago and plan was to use ESR data but data was inaccurate and needed cleaning.

Scotland

Pharmacy workforce of NHSScotland data

Data on NHS board pharmacy vacancies is collected annually. The latest report, published in March 2021, shows data for September 2020. This report includes pharmacists employed by NHS Boards who work in hospitals, primary care and Board services.

The report can be accessed here: <https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/publications/01-june-2021/dashboards/pharmacy/>

Key points:

143.3 WTE pharmacist vacancies across all NHS Boards, that's 7.6% of all pharmacist posts

This is a slight reduction from the previous year (Sept 2019), where the vacancy rate was 148.5 WTE, but still much higher than September 2018, where the vacancy rate was 100.5 (which was 6.5% of all vacancies)

In September 2020, 92.1 WTE of vacant pharmacist posts had been vacant for more than 3 months

The highest individual board rate in September 2020, was in NHS Lothian with a WTE vacancy rate of 21.7

Community pharmacy workforce survey

In September 2021 NES Pharmacy, in conjunction with Community Pharmacy Scotland (CPS), will be co-ordinating another national community pharmacy workforce survey to gain a better understanding of staff numbers and skill mix within community pharmacy in Scotland.

Previous surveys can be found here:

- Community pharmacy survey 2018: https://test1.nes.digital/pharmacy_community_survey_2018.html
- Community pharmacy survey 2020: Community Pharmacy Survey 2020 (obtained by RPS but not yet published)
- Collection of responses for the 2021 survey are due by the end of September.

Key points:

There was a 99% response rate in the 2020 survey.

The survey shows that there has been a large rise in WTE pharmacist vacancies in community pharmacy, from 67 in 2019 to 188 in 2020.

The WTE pharmacist vacancy rate in 2020 was 11.6%.

Specialty specific reports

Scottish Intensive Care Society Audit Group - Audit of Critical Care in Scotland 2021 Reporting on 2020, published by Public Health Scotland, 10 August 2021
This report identified that there were ongoing issues with pharmacy shortages, leading to inadequate pharmacy coverage of critical care.

Scottish Government workforce planning

SG is producing a workforce plan, which we expect to be published at the end of this year.

Wales

Community Pharmacy workforce vacancy data - Wales

The first community pharmacy workforce survey was undertaken in Wales in 2019, capturing reported data from community pharmacy contractors for 2018-19.

Source: <https://heiw.nhs.wales/files/pharmacy-report-final/>

This revealed:

In 2018-19 the total community pharmacy vacancies reported for all job roles was 354 FTE staff (652 staff by headcount) and a mean vacancy rate of 7% across all FTE job roles.

Across all Health Boards in Wales the vacancy rate was a mean of 0.9 FTE vacancies per pharmacy. The range was from 0.5 FTE in Cwm Taf, to 1.4 FTE vacancies per pharmacy in Hywel Dda

There were 55 FTE pharmacist vacancies reported. The pharmacist vacancy rate (FTE vacancies as a percentage of total pharmacist posts plus FTE vacancies) ranges from 2% in Cwm Taf to 19% in Powys.

There were 40.6 FTE pharmacy technician vacancies reported. The pharmacy technician vacancy rate (FTE vacancies as a percentage of total pharmacy technician posts plus FTE vacancies) ranges from 2% in Cwm Taf to 19% in Powys. The mean pharmacy technician vacancy rate in Wales was 6% FTE posts and 5% by headcount.

Vacancy rates for pharmacists and pharmacy technicians reported in the 2019 Wales Community Pharmacy Workforce Survey (both 6% FTE posts) were higher than the 2018 Community Pharmacy Workforce Survey for England (3-4% FTE).

The survey was not repeated for 2019-20 due to the pandemic and as the first survey of its kind in Wales, no comparison data is available.

Community Pharmacy Wales recently issued a survey to contractors to understand workforce pressures and staff vacancies to obtain more information to support our conversations with HEIW, WG and Health Boards. This survey closed to contractors on 20 August – top line results are now awaited.

NHS Wales Managed Sector vacancy data

Data about staff directly employed by the NHS in Wales is only available until 2014, thereafter data appears to be restricted and unpublished and reserved only for use for management purposes within NHS Wales.

Workforce planning data is not readily available outside of the NHS for scrutiny.

National Pharmacy Board meeting – 23 September 2021

Title of item	Workforce Wellbeing (GB project)
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharm.com
Item to be led at the meeting by	Heidi Wright
Headline summary of paper	Update on WWB programme, discussion of future direction of travel and plans for 2021/22
Purpose of item (decision / discussion)	Discussion
For consideration	<p>Key questions:</p> <ul style="list-style-type: none"> • Is the direction of the future programme of work right, with a focus on prevention? • Are the milestones the right ones? Is there anything missing? • What further support, resources, guidance should RPS offer to members?
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

Workforce Wellbeing

Questions for consideration:

- Is the direction of the future programme of work right, with a focus on prevention?
- Are the milestones the right ones? Is there anything missing?
- What further support, resources, guidance should RPS offer to members?

What we are looking to achieve.

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations. The RPS aims to do this by working in three main areas as outlined in our policy asks:

1. Preventing the cause of poor wellbeing
2. Improving workplace environment and culture
3. Enabling improved accessing to support

Progress has been made in a number of areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing and we are developing resources to help the implementation of this, such as workforce wellbeing in the workplace checklist. We have also published blogs that demonstrate ways in which this can be achieved.

Prevention is a difficult area and includes topics such as taking rest breaks, protected learning time and destigmatising mental health. We believe that this should be the focus of the Workforce Wellbeing programme over the coming year. Whilst we recognise the importance of having support available at times of crisis, and for pharmacists and their teams to have access to that support, being able to prevent a crisis from happening and preventing poor mental health and wellbeing is also critical. Survey results from 2020 showed that 72% of respondents reported that their work had negatively impacted their mental health and wellbeing with reasons including workload, inadequate staffing, long hours and a lack of work-life balance. We want to explore what the RPS can do to support pharmacists in the

workplace to have a positive impact on their mental health and wellbeing and also to ensure patient safety.

Outline workplan:

Q4 2021	Q1 2022	Q2 2022	Q3 2022
Publish RPS and Pharmacist Support Workforce Wellbeing 2021 report	Promote our wellbeing campaign and encourage support for our policy asks	Continue to advocate for change around the prevention agenda	Space for additional delivery based on feedback and engagement with members and the RPS Wellbeing Action Group
Publish a resource to support good workforce wellbeing in the workplace	Hold roundtable / workshop with key stakeholders to discuss survey results and actions to be taken	Develop professional guidance on taking rest breaks	Develop 2022 Workforce Wellbeing survey if agreed with boards
Develop policy asks informed by 2021 survey results and refresh communications approach	Identify areas where further intelligence and evidence needs to be gathered	Further work to be determined based on the evidence from the 2021 survey and following roundtable	
Continue to advocate for protected learning time for all pharmacists	Engagement and collaboration with key stakeholders to discuss actions and enable change		
Engagement with members via the Workforce Wellbeing Action Group	Engagement with members via the Workforce Wellbeing Action Group	Engagement with members via the Workforce Wellbeing Action Group	Engagement with members via the Workforce Wellbeing Action Group

Background:

Workforce Wellbeing has been a focus for the RPS across all three countries for a number of years. It is a complex programme of work as it is affected by many factors. This includes the working environment and culture, individual responsibility and resilience, changing roles and external factors, working as part of a team (pharmacy and multidisciplinary) as well as undergraduate training and recruitment and staffing. Pharmacists, like many other healthcare professionals are under extensive pressure at work.

In both 2019 and 2020 we undertook a Workforce Wellbeing (WWB) survey across the profession. Following the survey results we developed key policy asks. The most recent policy asks have focused on Prevention, Environment and Culture and Access to Support.

We have established a Workforce Wellbeing Action Group for RPS members and hold regular, bi-monthly, meetings with group members. This enables us to gather their views on certain topics and for them to raise any ideas or issues they think the RPS should consider. Some group members have developed blogs around WWB.

Mental Health and Wellbeing of staff working in and for the NHS became a priority during the pandemic. We are part of a professional group in England, with other Royal Colleges and Social Care organisations, advocating for this to continue to remain a priority.

Recommendations:

We recommend that board members discuss the future direction of travel for this programme of work, including the focus on prevention and the suggested milestones. Views and thoughts on next steps are welcomed including what resources, support and guidance might be required for pharmacists in relation to their mental health and wellbeing.

National Pharmacy Board meeting – 23 September 2021

Title of item	RPS Inclusion and Diversity Outcome Evaluation
Author of paper Position in organisation Telephone E-mail	Amandeep Doll Head of Professional Belonging Amandeep.doll@rpharms.com
Item to be led at the meeting by	Amandeep Doll/Ravi Sharma
Headline summary of paper	To discuss the outcomes evaluation for the RPS Inclusion and Diversity Strategy
Purpose of item (decision / discussion)	Discussion
For consideration	How do we measure the positive impact of the RPS Inclusion and Diversity Strategy on the profession considering the short, medium and long term impact of the outputs.
Risk implications	<ul style="list-style-type: none"> • How to we objectively measure positive outcomes and improvements • Engagement with evaluation strategies by members of the profession • Bias of evaluating our own programme of work • The challenge of collecting qualitative data
Resource implications	Impact on RPS staff. We will continue to monitor the volume of activity and enable additional support as and when needed

Outcome Evaluation of RPS Inclusion and Diversity Strategy

Questions for consideration:

- What evaluation questions and outcomes measures must be consider?
What does good look like?
- What key areas of I&D should we focus on and what metrics should we be closely monitoring as part of our outcomes evaluation?
- What impact has it had on you having the I&D workstream as a standing agenda item on all RPS national board & assembly meeting agendas?

What we are looking to achieve:

We want to be accountable for the delivery of the [RPS Inclusion and Diversity strategy and the impact it has](#); we have an established process and operational evaluation that we want to build on with an outcomes evaluation to demonstrate the impact of the inclusion and diversity strategy on our members and the wider profession.

During the last year of delivery, we have received feedback on the impact of our strategy and areas of improvement which we would like to formally measure.

Collecting this data will enable us to share our progress with members of the profession, RPS Assembly and RPS National Boards. Allowing us to establish areas of improvement for effective delivery.

We would like your input into shaping our outcomes evaluation.

Background

We want to evaluate the impact of our activities on inclusion, diversity, equality and the sense of belonging within RPS members and the wider profession and ability for individuals to be their authentic selves in the workplace.

Objectives of the evaluation are:

1. To gather information on RPS I&D activities that have been delivered
2. To gather information on RPS activities that may have an impact on diversity, inclusion, equality and a sense of belonging in pharmacy

3. To explore the views and perceptions of RPS members, ABCD members and the wider profession on the I&D activity
4. To provide recommendations on improvement strategies for the RPS I&D Strategy.

To establish our baseline and to measure impact of our actions within each of the strategic priorities, the evaluation questions we will be considering are:

1. What is our aim? What do we want to change?
2. What's our baseline? How are we going to measure it?
3. What's our intervention? How are we going to implement it? What's our target population?
4. What's the result of our intervention and how does it compare to our baseline?
5. How can we further improve?

Inclusion and Diversity Strategic Priorities

We have undertaken a number of steps and initiatives to deliver each of the strategic priorities. We would like to evaluate the impact they have had on the profession and areas of improvement. With the aim of repeating this annually on each of the actions we deliver across the 5 year strategy.

a. Create a Culture of Belonging

1. Set up a fully inclusive intersectional action group (**Action in Belonging, Culture and Diversity Group**) to enable networking across the profession and delivery of our strategy and to expand the diversity of voices that share their experiences and feed into RPS policies and projects.
2. Develop an **RPS Inclusion and Wellbeing pledge** signed by key pharmacy organisations and all individuals across the profession with the aim of creating the right environment to create a sense of belonging. Underpinned by a number of policies and actions.

b. Champion Inclusive and Authentic Leadership

1. **Launch a communication campaign** with a clear unified narrative about the importance of diverse leadership, an opportunity for leaders to share

hopes and challenges and to provide a platform and to ensure the diversity of the profession is visibility represented. This includes the following:

- RPS I&D Live streams
 - RPS I&D Blogs
 - Drumbeat events
 - LGBTQ+ History Month
 - Women in Pharmacy
 - South Asian Heritage Month
 - Black History Month
 - Transgender awareness week
 - Religious festivals
2. To ensure our existing leaders are actively contributing to create a greater sense of belonging we have ensured **RPS National Boards and Assembly** monitor our progress.
 3. Create a culture of belonging from the ground up through our **RPS Mentoring Programme**
 4. We will lead by example as an employer and continue to publish **gender, ethnicity and disability pay gap reports** and an action plan to close pay discrepancies and spearhead a profession wide campaign to encourage organisations across pharmacy to publish their pay gaps.
 5. **Fairer hiring policies and family-friendly policies**, to reduce bias in the recruitment process we have improved our hiring panels to make room for inclusive thinking and combat most prevalent types of bias in recruitment.
 6. **RPS Fellowship Review**; to ensure the RPS fellowship is inclusive, fair and equitable, reviewing the process to ensure any barriers to eligibility are removed and the RPS fellow panel is representative of the diversity of the profession.
 7. **EDI membership survey**; to ensure our membership is representative of the profession.

c. Challenge Inclusion and Diversity Barriers

1. **Antiracism Statement**; our commitment to highlight racial inequalities in pharmacy and recognise and acting on removing systemic biases and structural racism to produce long lasting change.

2. **Equality Impact Assessments** to ensure our events, training programmes and assessments have equality and inclusion at their core to identify inequalities and barriers to accessibility. These are published for transparency.
3. **Disability Awareness Campaign**, we want to raise awareness about visible and non-visible disability in pharmacy, hearing from members of the profession sharing their experiences both positive and negative to highlight issues and support the profession to be more disability inclusive.
4. **Microaggressions Reference Series**; we want to support the profession in highlighting discriminatory behaviour including how to recognise and deal with microaggressions in the workplace and how to prevent them from happening. Each of the reference is supported by a workshop to hear from a specialist share their experiences and how to be more micro affirmative.

Next Steps

To establish the short and medium term outcomes and the long term impact for each of the actions.

To establish clear measurable indicators, which provide a baseline pre-intervention and also provide a post intervention measure of impact.

To identify how and when the evaluation will be conducted such as focus groups, interviews.

National Pharmacy Board meeting 23rd September 2021

Title of item	Science, Research and Museum update to National Pharmacy Boards
Author of paper	Gino Martini
Position in organisation	RPS Chief Scientist
Telephone	Tel: 0207 572 2214
E-mail	Luigi.Martini@rpharms.com
Headline summary of paper	The paper summarises activities of Science & Research Team and the Museum
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

SCIENCE, RESEARCH AND MUSEUM UPDATE TO NATIONAL PHARMACY BOARDS

1. Background

This paper outlines Science, Research and Museum activities undertaken since May 2021 to present.

2. Science and Research Team activities

The Chief Scientist will be leaving the Society on the 30th September 2021 and the search for a replacement will be initiated.

We are currently recruiting a new Science and Research Officer, following Rhona Auckland's departure in July. Shortlisting will take place in early September and interviews held mid-September. The research team is currently working on 1.2 FTE capacity.

The research team continues to provide support to other RPS teams/workstreams through internal research support requests, along with our external research work.

2.1. Internal research support services

COVID-19: continued supporting the intelligence and research function of the COVID response team, scanning for the latest updates and developments to help inform and prioritise RPS activities. The Chief Scientist continues to lead external media activities.

Mental health and wellbeing: Supporting the development of the 2021 Workforce Wellbeing survey. The survey is scheduled for piloting at the end of August/beginning of September, launch in October, with analysis and reporting writing taking place in November.

Inclusion and diversity: Working with the I&D group to develop summative evaluation to measure the impact of the I&D programme.

Community Pharmacy Consultation Service: continued supporting the evaluation of the HEE commissioned-CPD courses delivered as part of the NHS CPCS – the evaluation includes feedback provided by learners and facilitators.

2.2. External research support services

We continue to provide regular research support services to RPS members, via email and Skype, which include responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

- **Project students:** supervised 4 MPharm students doing an internship with the RPS, with projects focused on survey design and analysis, literature search and development of evidence summaries.
- **BPSA poster competition:** worked with the British Pharmaceutical Students' Association to launch their poster competition and peer-reviewed submissions to select the winner.

2.3. Raising the profile of Science and Research in Pharmacy

- The Chief Scientist continues to lead various external media activities, in particular, around COVID-19.
- Sent a letter to UK Home Secretary, Rt Hon Priti Patel MP, on to continue calling for action to reduce harm from 2,4-Dinitrophenol (DNP).

2.3.1.Podcasts

[PharmSci Today podcasts](#)

#	Interviewees	Topics
35	Dr Nathalie Moll, Director General EFPIA	Reviewing the Pharmaceutical Industry response to COVID-19 and the latest innovative medicines which are in development.
34	Dr Laura Walsh Kindeva Drug Delivery (formerly 3M pharmaceuticals)	Discussing Kindeva's technology platforms to deliver vaccines to patients.
33	Sir Richard Sykes, Chairman of the Vaccines Taskforce	Discussing the Governments continued support of COVID-19 development and supply to the public.
32	Dr Kirit Virdee, Novartis	Discussing Blockchain technology and its use in Pharmacy.
31	Dame Sally Davies, Master Trinity College and former CMO for England	Discussion of the challenges facing AMR and combatting infectious diseases post COVID-19.
30	Dr James Rickard, Chief Scientific Officer at Biotherapy Services.	New therapies that will allow successful treatment of difficult wounds, such as diabetic leg ulcers, and how pharmacists will be central to administering them.
29	Ian McCubbin OBE, Manufacturing Advisor for the UK Vaccine Taskforce, and former Senior Vice President for Global Manufacturing and Supply at GlaxoSmithKline	Observations on a long and distinguished career in pharmacy and, more recently, on being at the heart of the pandemic response.

2.4. Qualified Persons

2.4.1.Assessments' Programme

	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2021	2	6	3	3	281
2020	6	7	5	2	310
2019	10	8	5	3	317
2018	10	7	5	2	344

Note: 2021 data up to August 2021

2.4.2.QP Assessments

The QP scheme continues to be managed virtually. Virtual assessments have been well-received, with minimal technical difficulties and positive feedback from those involved. Agreement that virtual assessments will continue for the remainder of 2021 and into the first quarter of 2022. While it is agreed that face-to-face assessments should be the default post-COVID, it is still too early to predict when each of the Professional Body's offices will be open to external visitors. Plans to resume face-to-face procedures to be reviewed, again, at Joint Professional Body meeting in November.

Pre-registration process for QP application to be implemented in March 2022, with updated QP application forms, Study Guide and Guidance note to be published at the same time. Communications for updated documents and new process to be included in the quarterly Joint Professional Body newsletter in August, which is circulated to the QP community.

QP Symposium

QP Chairs and vice-Chairs agreed to a face-to-face QP Symposium in May 2022. The RSB will host the event, with RPS events team supporting the event's management.

2.4.3.RPS QP Assessors

We are currently recruiting for a new RPS QP Assessor. Due to the low number of applications received, we have extended the application window until the end of August.

2.5. Science and Research Committee and Expert Advisory Groups

SRC meeting held on 15 June 2021. SRC Deputy Chair nominated and this is Dr Simon White.

2.5.1.Safer use of Medicines SRC working group

Continued working with the RPS Education Team to develop the Joint Royal College Safer Use of Medicines Education Series, involving four seminars across 2021. Second webinar, focusing on transitions of care, delivered on 14 July 2021.

2.5.2.Increasing the evidence for pharmacy SRC working group

Funding application submitted to the National Institute for Health Research (NIHR) for the development of e-learning resources to improve the clinical research awareness, knowledge and skills in pharmacy.

2.5.3.Antimicrobial Expert Advisory Group

Currently refreshing the group and recruiting for a new chair as per RPS governance - deadline for applications is 12 September 2021. The group continues to meet on a monthly basis to discuss current issues around AMR/AMS.

Worked with the Education Team to develop and deliver a webinar, in collaboration with NICE, on the effective use of NICE urinary tract infection (UTI) guidelines in primary care and community, 8 July 2021.

3. Museum activities

The Museum Officer has been focused on auditing the Museum collection at our off-site storage facility at Vauxhall. The objects that have been reviewed have now been moved to a new site at Hayes, which will reduce the cost of storing the collection. The Scottish collection will be reviewed when COVID-19 guidelines allow, and in the meantime the Museum Officer is working with the team

in Scotland to develop a display at 44 Melville Street. The Museum Officer has updated the volunteer policy to provide opportunity for remote volunteering and continues to work closely with the Retired Pharmacist Group, on a new project collecting COVID-19 Oral Histories. The new museum microsite is almost ready to launch, which will give the museum the opportunity to engage with members that would not be able to visit 66 East Smithfield.

3.1. Enquiries

Note: The Museum Enquiry service closed to non RPS-Members at the beginning of April 2014. The museum team still respond to media enquiries and enquiries from RPS Members and other museums.

'Pharmacy History' Enquiries:

Advice to Other Museums	3
Archived Documents (archive enquiries)	2
Collections Enquiry	1
Exhibitions / Flying Boxes	3
External Publicity	1
History – Profession / Practice	1
History – Society	
Internal Publicity	
Merchandise	
Object Identification	3
Offering Donation	3
People & Premises (family history enquiries)	14
Photo Services	1
Professional enquiry	
Public access enquiry	3
Research Visit	
Therapy / Props / Mat Med	
Unspecified	
TOTAL	35

3.2. Museum Guided Tours

Please note the Museum closed to the public on 15th March when the RPS offices closed in response to the COVID-19 outbreak.

Digital Guided tours were given to the Summer Placement Students in July, as part of their work in the Science and Research team.

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

- On the 23rd and 24th June the Museum Officer packed the collection of former volunteer Peter Homan, as bequeathed to the RPS Museum. The collection consists of over 2000 objects relating to pharmacy history. Over half of the collection was put on display at 66 East Smithfield and showcased on social media.
- Continued to work with the Retired Pharmacist Group on a project to collect Oral Histories relating to COVID-19.
- Worked with the team in Scotland to create a focus group for input from members into the development of a museum display at 44 Melville St.
- Continued the development of a Museum microsite to showcase more of the museum collection online, in the form of a catalogue and online exhibitions. The site will raise the profile of the museum and allow all members, not only those based in London, to have access to the museum collection.
- Museum Treasure articles for Pharmaceutical Journal:
 - 06-2021: Diphtheria Throat Swab
 - 07-2021: Sun Therapy Lamp
 - 08-2021: Fossilised Unicorn Horn written by Placement Student Somota Begum

3.2. The Museum Cataloguing project

The Museum Officer has continued to visit our off-site storage facility in Vauxhall run by Crozier, formerly Martinspeed, to audit the collection. So far, the Museum Officer has audited 5537 objects, almost all those stored at the site.

So far 3453 objects that have been reviewed have been moved to another Crozier facility in Hayes. Once all objects have been audited, the remaining objects will be relocated, reducing the cost of storing the collection.

The Museum Officer has begun auditing the collection at 66 East Smithfield, having audited 480 objects in the Basement Store. This review will inform decisions about cataloguing, acquisitions and display.

3.3. Social Media

The museum has contributed 12 social media posts that have been posted across the RPS's social media platforms. This included 4 social media posts exploring the history of pharmacy for South Asian Heritage Month.

3.4. People and Premises

Completed research orders this month: 2

Research orders in progress: 74

(enquiries are currently backlogged due to restrictions in accessing the register during the COVID-19 pandemic).

National Pharmacy Board meeting – 23 September 2021

Title of item	COVID Response Team Report
Author of paper	Elen Jones
Position in organisation	Director for Wales
Telephone	02075722299
E-mail	Elen.Jones@rharms.com
Headline summary of paper	The National Pharmacy Boards are asked to note the update on the activity of the COVID response team in the time July 2021 to September 2021
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • Maintaining the pace of change around COVID is critical for the profession • Impact on other projects can vary depending on the requirements of our reactive work in CRT • Sickness / absence
Resource implications	We continually monitor the volume of activity and the impact on all teams, flexing additional support as and when needed.

BACKGROUND

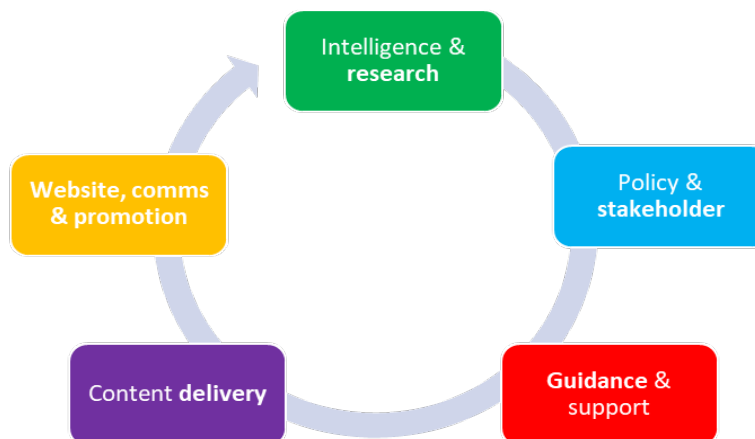
Objectives of the CRT

The objectives of the CRT set out to:

- Improve and optimise the care of patients accessing pharmacy services during the COVID-19 pandemic.
- Ensure members and the wider profession understand how to best protect themselves, colleagues, and their businesses during the COVID-19 pandemic.
- Promote and lead on a co-ordinated pharmacy approach to tackling the COVID-19 pandemic working closely with stakeholders.
- Advocate on behalf of the pharmacy profession regarding policy and legislation relating to COVID-19.

Format of the CRT

The CRT brings together expertise from across the organisation, who meet every week to review the latest evidence and intelligence and to prioritise and action work in a responsive and agile way. Key teams of the CRT are as follows: -



Key performance and outputs for the period July 2021- September 2021

Intelligence and Research

- Science and Research Directorate continued to support the intelligence and research function of the COVID response team, scanning for the latest updates and developments to help inform and prioritise RPS activities. The Chief Scientist continues to lead external media activities.
- CRT continue to have dialogue with key stakeholders in Vaccines Development, Manufacturing and Supply and the control of Infectious Diseases to help inform our work and to highlight key issues to our members.
- Interviews conducted with Sir Richard Sykes Chair of the Vaccines Taskforce, Dame Sally Davies Special Envoy for AMR and Ian McCubbin Manufacturing Advisor to the Vaccine Taskforce and is a Pharmacist.
- The UK has begun offering COVID-19 antibody testing to the general public for the first time. The government's programme is intended to produce data on antibody protections for people following infection by different coronavirus variants.
- **The UK has ordered 35 million more doses of the Pfizer-BioNTech vaccine, which will be delivered in the second half of 2022.** The government said it was preparing for a programme of Covid boosters to protect the most vulnerable this year.

Guidance & Support

Engaging our members by phone and email

- Over the last 3 months, we've engaged on a one to one basis with 880 members. During this reporting period around 3% of these engagements linked to COVID-19 queries. COVID discussion themes include:

COVID vaccination

- Eligibility to receive vaccine
- Accountability for COVID vaccine administration taking place within the pharmacy
- Getting involved in COVID administration services
 - Pharmacy technician
 - Pre-registration
- Amount of sucrose in the Pfizer Covid-19 vaccine

- Concerns around vaccinating children
- Concerns about the provision of information at vaccination centres
- Adverse reactions of COVID vaccines

Medicines interactions with COVID vaccines

- Differences between COVID vaccines available
- COVID vaccine administered together with flu vaccine (private PGD development)
- Acceptable brands of COVID vaccine, patient abroad
- Clinical trial information for COVID vaccines

COVID testing

- COVID-19 tests how do they work
- PCR testing and fit to fly certificates, setting up a service

Other COVID

- COVID-19 payments for pharmacies in Wales
- RPS lobbying for masks
- Travel advice during COVID-19

Self-isolating

- Double-vaccination and self-isolation if in contact with a positive case
- Picking up medicines for someone self-isolating
- Test and trace app pinging staff members, PCR negative

We've published 10 pharmacy alerts related to COVID

- Personal protective equipment and heat: risk of heat stress: - <https://www.rpharms.com/publications/pharmacy-alerts/details/Personal-protective-equipment-and-heat-risk-of-heat-stress>
- COVID-19 vaccination of young people aged 16 to 17 years: JCVI statement (5.8.21) www.rpharms.com/publications/pharmacy-alerts/details/COVID-19-vaccination-of-young-people-aged-16-to-17-years-JCVI-statement
- Next steps following updated JCVI guidance in relation to COVID-19 vaccinations for children and young people (23.7.21) <https://www.rpharms.com/publications/pharmacy-alerts/details/Next-steps-following-updated-JCVI-guidance-in-relation-to-COVID-19-vaccinations-for-children-and-young-people>
- Summary of COVID-19 guidance on self-isolation for people who are fully vaccinated as of 17th August 2021: <https://www.rpharms.com/publications/pharmacy-alerts/details/Summary-of->

[COVID-19-guidance-on-self-isolation-for-people-who-are-fully-vaccinated-as-of-17th-August-2020 17.8.21](#)

- Antibody testing for SARS-CoV-2 - The Department of Health and Social Care has issued guidance on antibody testing for SARS-CoV-2. The guidance includes information on antibody testing capability and uses, current understanding of immunity against SARS-CoV-2 and the evidence base. <https://www.rpharms.com/publications/pharmacy-alerts/details/Antibody-testing-for-SARS-CoV-2> 24/8/21
- Changes to how primary care staff access lateral flow devices for asymptomatic testing – England only 8 July: <https://www.rpharms.com/publications/pharmacy-alerts/details/Changes-to-how-primary-care-staff-access-lateral-flow-devices-for-asymptomatic-testing--England-only>
- Community pharmacy Local Enhanced Service Specification – phase 3 coronavirus vaccination 15 July <https://www.rpharms.com/publications/pharmacy-alerts/details/Community-pharmacy-Local-Enhanced-Service-Specification--phase-3-coronavirus-vaccination>
- Public Health England guidance: COVID-19: management of staff and exposed patients or residents in health and social care settings 20 July <https://www.rpharms.com/publications/pharmacy-alerts/details/Public-Health-England-guidance-COVID-19-management-of-staff-and-exposed-patients-or-residents-in-health-and-social-care-settings>
- COVID-19 vaccination of children and young people aged 12 to 17 years: JCVI statement 20 July <https://www.rpharms.com/publications/pharmacy-alerts/details/COVID-19-vaccination-of-children-and-young-people-aged-12-to-17-years-JCVI-statement>
- COVID Pass/record of your coronavirus (COVID-19) vaccination status 20 July <https://www.rpharms.com/publications/pharmacy-alerts/details/COVID-Passrecord-of-your-coronavirus-COVID-19-vaccination-status->

There have been ongoing updates to the COVID pages over the last 3 months

- PPE and heat stress - wearing PPE in warm/hot environments increases the risk of heat stress. Heat stress can cause heat exhaustion and lead to heat stroke if the person is unable to cool down. Measures to control the temperature of clinical environments and enable staff to make behavioural adaptations to stay cool and well hydrated should be made. You and

your team may require more frequent breaks and the frequency of PPE changes may increase. PHE and Health and Safety Executive (HSE) have issued guidance around PPE and heat which can be found [here](#).

<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy#ppe>

- Updated the facemask section:
<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy#masks> –
- Updated the social distancing section
<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy#social> – updated links and current info
- Updated links and removed out of date info from [Protecting your team in the pharmacy](#)
- Updated links and removed out of date info from [Managing your medicine supplies](#)
- Updated links and removed out of date info from [Additional information links](#)
- Dates updated on [Reflective Account for COVID-19](#)
- Updated links and removed out of date info from [Pharmacy services during the pandemic](#)
- Updated links for [Additional information links](#)
- Updated links and removed out of date info from [COVID queries](#)
- Added NHS England and NHS Improvement letter detailing next steps following updated JCVI guidance in relation to COVID-19 vaccinations for children and young people - 22 July 2021 to
<https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/covid-19-vaccines#children> under further information
- Updated sections here: <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy#testing> under 'When a member of the team has tested positive for COVID-19'
- Added new section to website - COVID Pass/record of your COVID-19 vaccination status <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/covid-19-vaccines#pass>
- Updated section on Use in children
- <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/covid-19-vaccines#children> with new advice from JCVI
- Added JCVI interim advice on a potential coronavirus (COVID-19) booster vaccine programme for winter 2021 to 2022 to COVID-19 vaccine dosing interval

- Section <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/covid-19-vaccines#interval>
- Updated section on When a member of the team has tested positive for COVID-19 under Testing <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/protecting-your-team-in-the-pharmacy#testing> to just refer to Public Health England guidance: COVID-19: management of staff and exposed patients or residents in health and social care setting
- Added Janssen vaccine info to the website and updated the efficacy section so it just signposts to the product SPCs <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/covid-19-vaccines>

Policy and stakeholder

- We developed a long COVID policy which sets out some key principles and recommendations for pharmaceutical care in the management of long COVID.
- The principle in the long COVID policy are being used for our engagement and lobbying work across GB.
- The next workforce action group will discuss how we can support the pharmacy workforce who are suffering with long COVID.
- We developed a RPS Position Statement on COVID-19 vaccination for pharmacists
- In our submission to the Department of Health and Social Care consultation we called for a validation process for private COVID-19 tests before they are made available to purchase. We also highlighted the need for a transition period to enable current tests that are already available to get validated.
- We welcomed verdict on the safety of the Oxford-AstraZeneca vaccine
- Representatives from the RPS and over 20 professional bodies and health organisations met in June with the Government and NHS to call for increased COVID-19 protection for health workers. The meeting follows a joint letter to the Prime Minister in February.
- We have been engaging with the team responsible for the NHS test and trace app and are planning on a member facing event to help raise awareness of the recent updates to the app.

- The science and policy teams are constantly reviewing the latest evidence to ensure our positions are evidence based.

Website, Comms and Promotions

- RPS had 1,430 mentions and featured in 13 broadcast opportunities between July 1 and August 31.
- We have also released two news stories around COVID, including one [on the long COVID document](#).
- A letter calling for people to get vaccinated, maintain social distancing, wear masks and wash hands made it into [The Guardian](#)
- In Scotland, Clare Morrison commented on pharmacist staffing levels in critical care units in [The Times](#), and Andrew Curruthers was quoted in The Scotsman regarding Covid booster campaign in Scotland next month.
- A comment from English Pharmacy Board Chair Thorrun Govind about pharmacists' role in the booster vaccine programme was picked up by the Press Association, Daily Mail, [ITV online](#) and 435 regional media titles across England, Scotland and Wales.

Conclusion:

The whole country is reflecting on what has been achieved in suppressing the virus and getting to a point where we can start to regain some normality.

We have learned important lessons from responding to the COVID-19 pandemic and there is an opportunity to ensure these lessons can be applied in the future, with the scale and capacity needed to save lives and protect us all and with the rapid and innovative ways of working we have developed together.

The continuing circulation of COVID-19 this coming winter will again be highly unpredictable and the government has put contingency plans in place for further Covid-19 lockdowns should the NHS be forced back to the brink over the winter months from issues such as a large resurgence in patients suffering serious flu symptoms.

It is therefore necessary for CRT to continue in this format for the foreseeable future to: -

- Continue to be reactive to the needs of our members.
- Advocate and lobby on the issues that affect pharmacy.
- Continue to review the latest evidence and provide support and guidance for members.
- Proactively work with key stakeholders to ensure the best outcomes for the profession.
- Continue to represent our membership in the media and provide opportunities to profile our members.

National Pharmacy Board meeting 23 September 2021

Title of item	Independent Prescribing
Author of paper	Jonathan Lloyd Jones
Position in organisation	Policy and Engagement lead, Wales
E-mail	Jonathan.Lloydjones@rpharms.com
Headline summary of paper	<p>To update the boards on Key developments in the independent prescribing project, since our last meeting in July, including;</p> <ul style="list-style-type: none"> •Updating and showcasing the RPS competency framework for all prescribers •Supporting existing prescribers to expand their scope of practice. •Highlighting examples of good practice
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • Competitive arena requiring pace and agility across the RPS • Changing policy environment across GB maybe a risk to the project's success and could impact on reputation and external relationships • Financial risk if low uptake of products and services • Capacity pressures at RPS and impact on delivery
Resource implications	<ul style="list-style-type: none"> • Staff time • Investment in RPS products and services

Independent Prescribing

Background

The Independent Prescribing project sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines.

The aims and ambitions of the independent prescribing project are to:

- Further advance the use of PIPs across all sectors of practice in England, Scotland and Wales.
- Become the natural 'home' for PIPs, providing services, products and resources that every PIP will be drawn to in order to support their professional prescribing practice.
- Develop an offering for PIPs, that offers exclusive benefits for RPS Members is also part of the ambition in order to support, recruit and retain members through the life-course of the member's prescribing career.
- Explore the potential benefits of offering services and products to other healthcare professional prescribers as part of the multidisciplinary approach to care.
- Explore whether our resources can be developed to support other professional stakeholders

Summary of activity /achievements July to September 2021

The cross departmental RPS project team continues to meet once a fortnight to prioritise, share intelligence and drive this work forward

1. Stakeholder work

- Significant stakeholder work has been undertaken to explore how we can work with others and best support pharmacist prescribers. This includes:
 - Regular calls with governments across Great Britain
 - Regular calls with other pharmacy stakeholders such as the GPhC, Community pharmacy bodies and the NHS.
 - Regular calls with pharmacy education providers
 - Regular calls with stakeholders from other healthcare professional, particularly other royal colleges / professional bodies for professionals with prescribing rights.

- Set up an email address to support member engagement (IP@rpharms.com), this has supported us to engage with a large number of IPs across Great Britain
- Regular engagement with practicing PIPs to showcase their work and explore their views.

2. Member benefit

- Following the success of the IP Showcase events in February and May. The [third IP showcase](#), on September the 23rd, will be promoting the updated competency framework for all prescribers.
- The [practical guides for pharmacist prescribers](#) page has been re-designed to make the information more accessible.
- With mentorship being a key ask for prescribers we have developed a [mentor page](#) to encourage pharmacist prescribers to use our mentoring platform as mentees and mentors.
- Highlighting best practice across GB using [PJ articles](#) and [blogs](#) on our webpage

3. Policy

- In order to lobby and amplify our work for PIP we have created a [campaign](#) page through the RPS website which highlights our three calls to action
- The campaign builds upon our asks in the [RPS Pharmacist independent prescribing policy](#), further stakeholder activity will continue throughout GB.

4. Guidance

- Our [updated competency framework](#) for all prescribers was published on September the 7th, it sets out what good prescribing looks like across all health professions.

The framework is for all regulators, professional bodies, education providers, prescribing professions and patients/carers to use. It can be used by any prescriber at any point in their career, regardless of their professional background or setting and applies equally to independent prescribers, community practitioner nurse prescribers and supplementary prescribers. The framework can be used as a self-assessment tool, to inform standards and education of health professionals and by prescribing trainees to evidence they are delivering the competencies required of their role.

After a six week public consultation, the scope of the framework has been expanded, 12 new supporting statements have been included and new information sections added. An online version of the framework is also now

available along with a Welsh version, examples in practice, a presentation, help on how to evidence your competency and further supporting resources.

- On September the 23rd we will be promoting the framework through the [prescribing showcase event](#) open to members, non-members and other health care professionals.
- We are working with Welsh Government to develop guidance to support pharmacists across GB who would like to expand or change their scope of practice.

Next steps

- Continue to work with stakeholders and members to pinpoint how the RPS can best support pharmacist prescribers, including:
 - Tools to support maintaining competence
 - Identify areas where we can advocate for the use of pharmacist prescribers
- Continue to engage with PIP across GB to showcase their work through the RPS and the PJ. Using board contacts to identify more is helpful.
- Continue with regular meetings with all stakeholders.
- Explore how we can support pharmacists to become designated supervisors.

Conclusion:

The Independent Prescribing project offers a significant opportunity for the RPS to take a leading role on PIPs across GB. It is vitally important to collaborate effectively with external organisations and across all directorates within the RPS throughout this project to ensure that we work at pace for the profession and the public.

National Pharmacy Board meeting 23 September 2021

Title of item	Policy and consultations
Author of paper Position in organisation Telephone E-mail	Heidi Wright, Jonathan Lloyd-Jones, Laura Wilson Policy and Practice Leads 02075722299 heidi.wright@rpharms.com
Headline summary of paper	The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period June 2021 to August 2021 and the policy statements made for each consultation.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.
Resource implications	None over and above staff time

Policy and Consultations Update

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We engaged with pharmacists across Scotland to create a vision for hospital pharmacy in Scotland, this is out for consultation until 1st October. We have started scoping work with various specialist services for inclusion in the vision. More information is at: <https://www.rpharms.com/scotland/pharmacy2030>
- We have attended regular meetings with the Department of Health to explore a change in regulation to facilitate Hub and Spoke and are developing a paper for board members on this topic
- We have engaged with board members, Expert Advisory group members and others to develop content for England webpages on the current NHS changes.
- Facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- The RPS is currently developing a policy on hub and spoke
- The RPS is currently working on the Scottish policy on drug use to a GB wide policy. There will be a consultation with boards members.
- The RPS is currently developing a policy on sustainability
- The RPS is scoping the topic of pharmacogenomics
- We are exploring the integration agenda in England and developing recommendations for Integrated Care Systems (ICSs)
- The RPS is currently amending its policy on assisted dying
- We will continue to develop policies on areas of significance and relevance to pharmacists
- We are working on campaign ideas to advocate for our IP policy asks

Consultations

During the period 1st March to the 31st of August we have responded to 20 consultations, These consultations and the policy points for each consultation are attached as **Appendix 1**

Next steps

The RPS will be responding to the following upcoming consultations

- DHSC [Strategic Framework Call for evidence](#)
- DHSC [Review of Professional Regulators Survey](#)
- MHRA [Point of Care Manufacturing](#)
- MHRA [Early Access to Medicines Scheme](#)
- DHSC [Expanding Access to Naloxone](#)
- Scottish Government [A National Care Service for Scotland](#)
- Scottish Government [Covid Recovery A consultation on public services, justice system and other reforms](#)

Other areas

- Policy leads are leading cross RPS groups focusing on Workforce wellbeing, independent prescribing and Networking.
- Policy leads actively support the Expert Advisory Groups in Digital, Primary care and community pharmacy
- Representing the RPS at regular meetings with stakeholders
- Working with universities to establish opportunities for teaching and interacting with student at various levels

Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

**Appendix 1: The following consultations have been responded to by the RPS
Time period: 1 June 2021 –31st August 2021:**

National Healthcare Uniform Workforce Consultation | NHS Supply Chain

- Pharmacists and pharmacy teams are not included within the scope of this consultation.
- Staff comfort' does not seem to be a distinct criterion in the consultation and we are of the opinion that it should be.
- the whole of the pharmacy team including pharmacy technicians, clinically based medicines assistants etc would also need to be included.
- Wearing scrubs during the pandemic has been positively received from an infection prevention and control perspective.

Consultation on a Patient Safety Commissioner Role for Scotland | Scottish Government

- Our views on the role of a patient safety commissioner for Scotland following the recommendation made in the Cumberlege review.
- Our comments followed the recommendations of the report and the impact on pharmacy where appropriate.

Indicators for antidepressant prescribing and dementia | NICE

- A number of examples were given by practice pharmacists and carers where they felt the review would benefit greatly from involving carers
- Important to have good, shared information where a number of services are involved or the consequence could be the person conducting the review being unaware of plans agreed with the patient or any co-morbidities that need to be incorporated into the review.
- Lack of review and long-term prescribing has though been noted as an area of concern therefore an annual review would be welcomed to ensure all support given, rational for ongoing prescribing documented and any physical health effects acted upon

Women's Health Strategy: Call for Evidence | DHSC

- Part of the solution is identifying what are real gender issues and what are issues across all genders
- The different needs that women face should be a big part of the approaches taken by the health service and integrated into overall care.
- Ongoing skillsets and knowledgebase of healthcare professionals must stay up to date and healthcare professionals should have access to relevant training and support

- There are a number of case studies that demonstrate health issues for women, but research doesn't always listen to women's voices and doesn't always acknowledge these case studies
- Cultural sensitivity can play a significant part in terms of information and education.
- Those working in generalist roles need to be supported by the specialists in their local systems.

How we set fees for pharmacy professionals | GPhC

- The reasons provided in the consultation are rational and provide a case for keeping a flat-fee structure. However, we believe that more needs to be done to explore how a tiered fee structure could work.
- We agree with the principle of introducing multi-year fees cycles but more information is required about how these fees will be projected
- Agree that the GPhC should explore whether we should charge for accrediting and reaccrediting, and recognising and re-recognising, all courses, 'at cost'

Reclassification of Nuramol Dual Action Pain Relief 200mg/500mg tablets (ibuprofen/paracetamol) | MHRA

- The supply of P medicines provides a touchpoint with patients and enables a direct interaction to take place between the patient and the pharmacist potentially including an intervention around medicines or giving lifestyle advice. It is crucial that these important interactions are not lost and that appropriate opportunity for the patient to be supported with medicines and health advice tailored to their individual needs are maintained.
- We have concerns about the safety of making this combination product available as a general sales item.
- This has the potential to cause patient harm and is not considered in the consultation.

Prescription Medicine Dependence and Withdrawal | Scottish Government

- Responding to 5 recommendations made in the consultation
- Increasing the availability of data which we agreed with if it is analysed and inspected appropriately and if appropriate results in changes to practice etc.
- We agreed with the recommendation of the production of guidelines if they are applicable in all settings, are evidence based and allow for clinical variation.
- Increasing resources for patients which we are supportive of if they are made accessible to all.

- Supportive of increasing patient support if the infrastructure is in place and how pharmacy can fit into this.
- Increasing research in the area of dependence and withdrawal.

Regulating healthcare professionals, protecting the public | DHSC

- Greater transparency on the functions the regulator undertakes and around how it does so will help to maintain public and professional confidence in the regulation of healthcare professionals
- having current or former registrants on the board is important to ensure the wider context is considered. Without this experience it may be difficult to appreciate and fully understand the intended and unintended consequences of strategic directions.
- In terms of the functions of determining standards of education and training for registration; providing advice about standards of conduct and performance; and administering procedures relating to misconduct and fitness to practise, we would be concerned if these were undertaken by a regulator other than the GPhC for the pharmacy profession as other regulators would not have the thorough understanding of the pharmacy profession that the GPhC have
- The requirement for annotation should be proportionate and with a clear need
- We feel that the focus of the regulator should be on the end point assessment to ensure there is a consistent standard i.e., irrespective of the route to achieve the learning outcomes
- Each regulator should be able to set their own rules for revalidation. It is important that this sits alongside annotation as a means of ensuring that this is current in practice.
- We have concerns about the proposed removal of health from the grounds for action and would like to see regulators keep the powers they have now to handle health concerns about a professional if there is a risk to the public

Review of Tramadol resources | AWTTC

- This guidance is for tramadol alone. It would be helpful for similar guidance for all opioids and similar medications. There are some concerns that patient could be switched to alternative medications which may also cause harm.
- Called for clarity in terminology
- We welcome the trend in tramadol DDDs per 1,000 patients which is clearly reducing.

Antiracist strategy| Welsh Government

- We are satisfied that the vision, purpose, values and imagined future to 2030 does indeed reflect what we as the professional body for pharmacists would like to see achieved
- Imperative that contracted services are fully engaged with the strategy.
- Supportive of goals and aims, detail provided in consultation.

Equality, Diversity and Inclusion Strategy | GPhC

- We welcome the GPhCs 'renewed focus and energy' to deliver progress and the .
- aim of 'looking at everything we do in the light of equality, diversity and inclusion'.
- Discussed challenges and suggested solutions for getting registrants to submit optional data, collected with the aim of achieving fuller datasets
- Called for further clarifications on who would be completing the training programmes
- We would like to see further detail on how these values and practices will be systematically embedded into practices at the GPhC to allow people within the organisation to do the right think very time.
- In order to assess the progress and reassure the profession we would strongly encourage that these action plans are to be published and easily accessible.
- We would like to see additional objectives with a greater focus on tackling discrimination within the profession

NHSX Data Strategy | NHSX

- A coherent data strategy is needed in order to realise the benefits of data-driven care for all citizens
- Having full access to information to support care is going to be critical to pharmacists as the profession moves towards more and more clinical service delivery
- Pharmacists, like many healthcare professionals, are being put under a lot of pressure to provide information some of which could be 'passively' collected, particularly so as pharmacy becomes better integrated into systems and are recognised as part of the frontline clinical delivery team
- It is essential that the purpose of any data captured is established before that data is captured.
- Work is needed to provide staff with an understanding of interpretation and interrogation of data, and visions of how data can change the future of healthcare.
- It is important that health and social care professionals feel supported and confident in data sharing with clear guidance to enable an understanding of circumstances where data should not be shared.

- The commitments don't mention using the data to support workforce planning across the health and social care workforce.
- The ability to use data from multiple sources to help stratify populations, aid decision making, direct interventions and resources e.g. to tackle inequalities, would be a great outcome from the implementation of this strategy

Single Medication Record Survey | NHS Scotland

- Scoping survey on the single medication record seeking views on priorities and benefits.
- We are fully supportive and promoted the benefits to pharmacy as a profession and to the public if this information was available to pharmacists and other healthcare professionals.

Collective Force for Health and Wellbeing action plan | COSLA

- Consultation around taking library services out of libraries to improve access and health knowledge in communities.
- Delighted to see a mention of community pharmacy as this ties in with our vision for pharmacies to be used as healthcare hubs. Advised to connect with contractual organisations to take forward and we would support.

All Wales COPD Management and Prescribing Guideline | AWTTC NHS Wales

- Fully supports the updating of this guidance in line with the decarbonisation agenda of NHS Wales.
- Further information would be useful to add to this document so that it becomes a user-friendly reference for practitioners.

All Adult Wales Asthma Management and Prescribing Guideline | AWTCC NHS Wales

- Fed back a number of missed opportunities to advise practitioners on the impact of inhalers to the environment within the document.
- Fully supports the updating of this guidance in line with the decarbonisation agenda of NHS Wales.

Aligning the upper age for NHS prescription charge exemptions with the State Pension age

- We strongly disagree that the upper age exemption to prescription charges be aligned to the State Pension age
- Pharmacists and their staff will be under increasing pressure to support their patients
- Pharmacists are likely to be put into difficult positions where people are asking which of the medicines on the prescription they can do without (as

they can't afford them all) thereby leading to poor health outcomes and potentially a greater expense to the NHS

- If a person cannot afford to collect and take their medicines this will lead to far greater costs and adverse outcomes down the line such as admissions into hospitals and further adding to the backlog of routine NHS care.
- At RPS we believe that nothing should come between a person and the medicines they need.
- As people struggle to pay for prescriptions past 60, we believe there will be additional pressure placed on the NHS as people call on their GP or even are admitted to hospital in an emergency.
- We believe that there is a lack of evidence on which the government is basing its assessment/arguments on.

New Chronic Pain Guidance | Scottish Government

- Commenting on their initial aims and drivers for the guidance and ensuring our involvement with the production of the guidance going forward.

Adult Support and Protection Guidance for General Practitioners and Primary Care teams | Scottish Government

- Agreed in principle with the changes to the guidance.
- Commented on the fact that the guidance states it is for GPs and Primary care teams but throughout only reference to GPs is made. we stated we did not feel this was reflective of current practice and should be addressed.

National Pharmacy Board meeting – 23 September 2021

Title of item	Public affairs
Author of paper	Helen Reilly, John Lunny, Ross Gregory
Position in organisation	Public Affairs Leads
Telephone	0207 572 2222
E-mail	Externalrelations@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	Engaging with key stakeholders in a fast-moving policy environment.
Resource implications	None over and above staff time

Public Affairs Update

The RPS has ongoing discussions with NHS, government, royal colleges and wider stakeholders across GB on issues such as COVID-19, changes to health and care services, inclusion and wellbeing, and pharmacy education.

The RPS continues to have discussions with NHS and other stakeholders on **NHS reforms in England**. The Health and Care Bill has been introduced to Parliament and will start being considered by MPs in Committee in September. NHS England is publishing a range of implementation and guidance documents. RPS England has submitted written evidence to the **Health and Care Bill Committee**.

We continue to support the work of the **All-Party Pharmacy Group** in Westminster, in discussion with co-sponsors. A new inquiry on the future of pharmacy following COVID-19 will include virtual meetings with stakeholders and a call for written evidence, which will inform a 'manifesto' to be developed later this year.

RPS England wrote to the new **Secretary of State for Health and Care** and new **Chief Executive of NHS England** following their appointment. There are currently plans underway to engage and meet with the **Pharmacy Minister** in the next month.

We continue to support the work of the **Prescription Charges Coalition** in England, including expressing concern at the Government's plan to raise the qualifying age for free prescriptions to 66.

The RPS wrote to the Home Secretary about **DNP**, calling for the Government to bring forward a consultation on the Poisons Act and reduce the risk of harm to the public.

RPS in Scotland has held a number of meetings with MSPs following the start of the new Parliamentary session. These have included three ministerial meetings. We met with the **Minister for Mental Health and Social Care** to discuss how pharmacists can support people with their mental health and the wellbeing of the pharmacy workforce. We also met with the **Minister for Drugs Policy** to highlight the role that pharmacists can play in reducing drug harms and drug deaths. Our final ministerial meeting was with the **Minister for Public Health, Women's Health and Sport**. We discussed the recently published Women's Health Plan and

the need for improved digital solutions to support pharmacy across all sectors in Scotland.

RPS Scotland has published a joint statement with the **BMA's Scottish GP Committee** on the pharmacotherapy service in Scotland. This statement highlights the need to maximise pharmacists' skills in GP practices, to ensure a better skill mix and to make better use of digital solutions. We tabled it at the Scottish Government's **Pharmacotherapy Strategic Implementation Group** of which RPS is now a member.

Work continues on the **Pharmacy 2030 vision** for pharmacy in Scotland. The vision for hospital pharmacy is now out for consultation and scoping has begun for the final phase which includes bringing in the views of pharmacists working in specialist services, pharmaceutical industry and education/academia.

We wrote to the **new Chief Pharmaceutical Officer in Scotland** following her appointment, and continue to have regular meetings with her and her team. We have also been actively engaging with the NHS Directors of Pharmacy Group and its sector subgroups, Community Pharmacy Scotland, General Pharmaceutical Council in Scotland, and NHS Education for Scotland.

We are working with **The Herald** to raise awareness of the RPS sustainability policy within its 100 Days of Hope campaign. A full-page feature highlighting our work alongside some Scottish pharmacy case studies was published on 16 September.

RPS in Wales continues to pursue a **programme of engagement with Members of the Welsh Parliament/Senedd** to help inform the politicians about the evolving roles of pharmacists and the pharmacy profession.

Pharmacy site visits are being confirmed with the Chair and Members of the newly appointed Health and Social Care Committee. Our current aim is to showcase innovative pharmacy practise in hospital settings, GP settings and across GP Clusters.

We have written to the **health spokespeople of each political party** in the Senedd to ask for a meeting to outline the priorities of RPS Wales. We have secured meetings with Plaid Cymru and the Conservative Party in September to move this work forward.

We are replying to **consultations on future committee priorities** for the Health and Social Care Committee and the Climate Change, Environment and Infrastructure Committee.

We are planning to be part of a policy fringe session at the Labour Autumn Conference in November to outline RPS Wales priorities to key members of the **Welsh Labour Party**. Plans are also ongoing for attendance at the **Plaid Cymru** Conference dinner in October as part of our engagement programme with key politicians.

We have been **working in collaboration with BMA Wales/Cymru, RCGP in Wales and Community Pharmacy Wales** to influence the implementation of e-prescribing solutions in Wales. Together, we issued a statement of opinion in the Welsh Parliament calling for the Welsh Government to accelerate a programme of an integrated and interoperable e-prescribing solution across primary, community and secondary care. The statement of opinion has been supported by nearly half of the Senedd membership.

A meeting with the **Welsh Health Minister** was arranged for 8th September to discuss the Welsh Government's plans for implementing e-prescribing in Wales and to understand initial responses to an independent report on e-prescribing which was commissioned by the Welsh Government.

We are engaging with **Members of the Senedd's Climate Change Committee** to raise the profile of the RPS work on sustainability. Meetings are expected to be confirmed with the Chair of the Committee and some of its membership in late October/early November. This will provide an opportunity to outline the RPS policy position on sustainability in greater detail.

On 3rd September we published an opinion piece on sustainability with the **Institute of Welsh Affairs (IWA)**, Wales' leading independent think tank. This aimed to promote the RPS declaration on climate change to a broad policy network and to stimulate debate about the role of pharmacists and health care professionals in sustainability.

We have been working closely with a sub group of the **Welsh NHS Confederation's Health and Wellbeing Alliance** to focus on long covid. The group, which consists of representatives from royal colleges and professional bodies is identifying common themes for the workforce and for patient care in order to produce a set of recommendations for managing long covid in Wales. We have

shared with the group the RPS Principles of pharmaceutical care for treating patients with long covid. Once common theme emerging to date is the impact of long covid on individual health professionals and the potential longer-term impact on the workforce.

Work is ongoing with the **Health and Wellbeing Policy Forum**, which is a group of representatives from allied health professionals, social workers and RPS Wales. Discussion has taken place at the September meeting regarding joint priorities for influencing and lobbying together which provides RPS Wales further partnership opportunities to push key priorities.

National Pharmacy Board meeting – 23 September 2021

Title of item	RPS Genomics and Personalised Medicine Progress Report
Author of paper	Ravi Sharma
Position in organisation	Director for England
Telephone	020 7572 2220
E-mail	Ravi.Sharma@rpharms.com
Headline summary of paper	To provide an update on the development of RPS Genomics and Personalised Medicines Programme
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project's success, have an impact on RPS reputation and external relationships. • Capacity pressures at RPS and potential negative impact on delivery • Lack of engagement with members and experts • Lack of engagement and collaboration with key stakeholders/organisations
Resource implications	<ul style="list-style-type: none"> • Staff time

RPS GENOMICS AND PERSONALISED MEDICINE PROGRESS REPORT

Background

RPS Genomics and Personalised Medicines is an agreed as a priority area for the national pharmacy boards. Personalised medicine provides opportunities to improve how we treat disease. Based on comprehensive genomic and diagnostic characterisation, different subtypes of patients with a given condition can be identified, and treatment can be tailored to the underlying cause. The involvement and system leadership of pharmacists and the broader pharmacy workforce will be critical to establishing the integral link between the use and optimisation of medicines and the expression of genomic variants.

The boards agree that the Genomics and Personalised Medicine Project sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is critical that the RPS leads and support its members and the profession in the advancing area of genomics and personalised medicines.

The programme is set to launch on 28th September 2021. The programme has been under scoping and development and was discussed at the Joint National Pharmacy Boards meeting in June 2021. Boards have agreed that the initial focus should be placed on pharmacogenomics.

Summary of activity /achievements to date

Activities detailed in June 2021 Board paper (all complete):

- Stakeholder engagement: meeting with key stakeholders across England, Scotland and Wales and being involved in various pharmacogenomics working groups and stakeholder events.
- Policy:
 - Conducted a literature review of latest evidence on the impacts and roles that pharmacy teams were playing in established genomics and personalised medicines services.
 - Involved in the development of a policy report between Royal College of Physicians (RCP) and British Pharmacological Society (BPS) 'Pharmacogenomics in the NHS'. The report is to be published in Autumn 2021.
 - Working with NHS organisations across England, Scotland and Wales to establish national clinical professional network for pharmacogenomics in Autumn 2021.

New activity since June 2021:

OPEN BUSINESS

- Continued engagement with key stakeholders across England, Scotland and Wales.
- Working with established pharmacy genomics networks to form collaborative partnerships to compliment RPS programme.
- Finalised and agreed business case for the recruitment of a programme lead.
- Completed a tender submission to Health Education England (HEE) for RPS to lead the development of a genomics pharmacy workforce strategy.

Next steps

- Launch recruitment of the programme lead in September 2021.
- Hosting a [‘Introduction to Pharmacogenomics’](#) RPS event for members in partnership with NHS bodies across England, Scotland and Wales on 28th September.
- The project plan from 28th September will include:
 - Working collaborative with stakeholders to further advance the role of pharmacists across all sectors of practice in England, Scotland and Wales.
 - Raise the awareness and profile of the leadership role that pharmacists play in genomics and personalised medicines.
 - Launch of an RPS hub page, providing support, resources and information for pharmacists with an interest/expertise in genomics and personalised medicines
 - Launch of the professional network to share/discuss best practice, drive collaborative working, share development opportunities (e.g., events/education support), support links with other genomics forums and discuss key challenges in Autumn 2021.

Conclusion

The delivery of the project is on course and in budget.

National Pharmacy Board meeting 23 September 2021

Title	Education and Professional Development activities update to National Boards
Open, confidential or restricted	Open
Author Position in organisation Telephone Email	Gail Fleming Director of Education and Professional Development 020 7572 2358 gail.fleming@rpharms.com
Headline summary of paper	Education and Professional Development activities report June to September 2021
Purpose of item (for noting/discussion/decision/approval)	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

Education and Professional Development activities update to National Boards

1. Strategy

In 2021 our focus has been on making up for delays to our 2020 work programme due to Covid 19, taking forward the implementation of our assessment and credentialing strategy and developing our member education offer. This work, as well as other educational activity across RPS will be brought together to create an RPS Education Strategy which will be a key enabler of delivery of the new RPS Strategy 2021-2026.

We have held 2 internal workshops to develop the Education Strategy with a third planned in September. The initial themes have been shared with the Education and Standards Committee and with RPS Assembly and feedback incorporated into the ongoing work. The final strategy is due to be completed in November 2021 and will provide more detail on our direction of travel under the umbrella of the organisation strategy.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met on July 6th 2021. The Committee welcomed 2 new members, Charlotte Richardson and Alykhan Kassam. The results of the consultation on a new RPS Post-Registration Foundation curriculum were discussed and some amendments made as a result. The Committee also provided feedback on the themes for a new RPS Education strategy supporting the RPS Strategy for 2021-2026.

2b Early Careers Pharmacist Advisory Group

The ECPAG met in August 2021 where members provided views on RPS membership, highlighting what they found most useful as a member and provided reflections on the stage at which individuals are most likely to join the RPS in their career. The group discussed and provided feedback on the RPS Pharmacist Independent Prescribing project and reinstated that this qualification must go hand in hand with pharmacists being given the opportunity to sufficiently utilise this qualification in practice. Two group members shared with the wider group their contributions as participants in the RPS Advanced Practice task and finish group and as a panel member in a Policy Exchange future hospital design initiative. The group introduced a new peer spotlight item on their agenda in which a group member which entails a group member showcases their career to the wider ECPAG group, raising awareness around the diverse roles pharmacists have access to.

The ECPAG also provided views on the RPS Post-registration Foundation curriculum. Members welcomed the proposals and felt the curriculum would be extremely valuable to enhance skills of newly qualified pharmacists in patient facing roles.

2c External stakeholder meetings

Initial Education and Training of Pharmacists

The RPS has continued to be represented at IET Advisory Group meetings to implement the new IET standards for pharmacists. The focus has been on work underway on commissioning bodies and more recently independent prescribing.

Linked to this, we have written to the GPhC seeking clarity on the timelines for reform of the independent prescribing (IP) regulations given that IP is an important element of our Postregistration Foundation curriculum. We have also asked about future accreditation models which would support the delivery of prescribing training weaved through integrated programmes over a much longer time period than the current short courses.

Postregistration education and training

The GPhC is currently undertaking a review of its role in postregistration education and training. They have established a short life working group to review this and make recommendations to their Council. The RPS was invited to meet with the short life working group and consider a series of questions relating to patient safety and postregistration education and training.

3. Initial Education and Training

3a. Students

We continue to build on our successful series of events to support third year pharmacy undergraduate students to prepare for the national foundation trainee pharmacist recruitment process (Oriol). We have delivered three events on numeracy and the situational judgment test (SJT) in August 2021. A summary of delegate numbers and feedback is provided below:

Event date	Bookings	Example of feedback
2 nd August	109	<i>Content was incredibly useful....I anticipated what the calculations may be, but was very much in the dark regarding SJTs until this session.</i>
17 th August	130	<i>I did not feel very confident with the SJT side of the assessment, but after this workshop, I know exactly how to go about preparing for it and don't feel as nervous about it as I did before.</i>
23 rd August	131	<i>It was very useful I understood the mark allocation and the exam format for the SJT much better and feel much more prepared for the exam and I felt very confident with the numeracy preparation</i>

3b. Student Interns

Four MPharm students worked for us for a 4-week period in June/July to support the delivery of some of our core business as well as learning more about the RPS. They each spent one week in the Education team, learning about our activities and role. Whilst working in our directorate they completed projects on the following:

- Student resources and online hub - designed an online student hub, including outline of webpage, list of helpful resources and guidance.
- Careers event for students - designed and created a careers event for students, including an events brief, comms, associated resources, and delivery plan.
- Student awards - developed a presentation on how we can best recognise the achievements of students, providing feedback on our current awards model.

3c. Foundation Trainee Pharmacists (formally Pre-registration Trainee Pharmacists)

Delivery of our contract with Northern Ireland Centre for Professional Learning and Development (NICPLD) commenced in August. We have recruited 10 new clinical pharmacy educators, clinical experts, to develop learning content and to deliver a series of clinical webinars. The first session, focusing on the cardiovascular and central nervous systems will be delivered in October. In addition to delivering clinical sessions, we are providing exam support to NI foundation trainee pharmacists.

Development of the HEE E-portfolio for all foundation trainee pharmacists in England commenced in July. In collaboration with our portfolio provider, Axia Digital, we have built a new portfolio programme according to HEE's requirements; this was successfully launched on 11th August 2021. This was a huge undertaking as the timeline was tight and the portfolio itself contains complex processes and several tools and forms. We provide essential technical support for trainees, designated supervisors, and other users. We have additionally started to scope and agree functionality that will be delivered as part of phase 2 developments, which includes a 13-week appraisal form, news broadcasting tool, a multisource feedback tool and additional permissions and access for educational programme leads and HEE administrators.

We have written to the GPhC to express our significant concerns relating to a technical failure in the July registration assessment which meant 3 trainees were sent home and unable to complete the assessment. The GPhC has confirmed its position which is that these trainees will be required to take the full assessment in November. We are seeking clarity on what is the contingency to manage this event should there be a further technical failure in November as we consider deferral until a June/ July sitting to be unacceptable.

Guidance and support

We have refreshed and updated all our online guidance and resources to align with GPhC updates and the new foundation training terminology. We also ran a social media campaign in July on Instagram, sharing revision tips with trainees sitting the July registration assessment, highlighting RPS foundation training resources.

4. Provisional Registration / Foundation

4a. Provisional Registration

Guidance and support

We have reviewed and updated all our resources for provisional registration, archiving any outdated guidance.

We continue to see good engagement on our WhatsApp groups, with a spike in activity as the GPhC July registration assessment approached. Members of the group have been sharing tips and advice with peers for revision. We are now preparing the groups for transition to RPS Connect later this year.

As part of our careers event series, we delivered a career in hospital pharmacy event for pre-registration trainees, provisionally registered pharmacists, and early career pharmacists. Approximately 100 delegates joined the webinar. An example of the positive feedback received was *'It was so interesting to see how people have come from various backgrounds and paths to be successful and enjoying their careers'*.

E-portfolio

Our contract with HEE to provide an E-portfolio for provisionally registered pharmacists and newly qualified pharmacists undertaking the HEE interim foundation pharmacist programme (IFPP) has been extended until end of September 2021. By the end of August, we had responded to 406 enquiries. Engagement with the portfolio remains high, with 1691 users (learners and collaborators) across GB; we have seen an increase in activity as the deadline to complete the programme approaches.

We developed a new peer assessment tool (PAT) as an additional contract for HEE and launched it to users in June 2021. The tool remained open for 6 weeks until mid-July. The PAT enabled learners to collect feedback from peers and remote supervisor on a clinical case from their practice, prompting reflection and facilitating development. 250 learners made a case submission, and 560 peer reviews were conducted. HEE were highly impressed with engagement in the tool and are currently preparing an evaluation of the PAT.

In addition, we have developed an end of programme recognition process for the HEE IFPP, which was launched on 16th August 2021. This enables learners undertaking the programme to receive a certificate for completion of the programme and feedback from their educational supervisor / tutor to focus their ongoing development. The IFPP will come to an end on 30th September 2021.

4b Post Registration Foundation curriculum

Following wide collaboration and consultation with the profession, the RPS launched its [post-registration foundation pharmacist curriculum](#) on the 13th August. This is the first stage in our post-registration credentialing pathway to inform professional development training and pathways for early career pharmacists. It enables those working in patient-focussed roles to continue to build and develop their practice in a structured and standardised way across all UK care settings.

A summary of the consultation response can be found [here](#) and our Equality Impact Assessment report [here](#).

We held our launch webinar on the 24th August and will be developing supportive content over the coming months, including a series of support webinars, assessment regulations, and candidate and collaborator guidance.

GPhC independent prescribing regulations

Achieving the curriculum outcomes requires removal of the GPhC two year entry requirement for independent prescribing courses. The RPS has written to the GPhC as a matter of urgency to determine:

- the timelines for removal of the two year post-registration experience requirement
- if regulatory change is required before commencing delivery of fully integrated programmes (include prescribing from the start)
- the accreditation requirements for higher education institutions that integrate independent prescribing within a post-registration foundation programme

We are awaiting their response.

E-portfolio solution

The e-portfolio requirements have been informed through a general user group (including representation across geographies, sectors, academia, supervisor roles) and a learner specific user group.

The build phase commenced in August and will be completed in three phases aligned to the requirements for our first pioneer training programme (NES). Testing is planned for w/c 20th September. The minimum viable product will go live on 4th October 2021, with phase 2 ready for December 2021 and phase 3 by early 2022.

The general ethos for the e-portfolio is to ensure consistency with the other RPS portfolios whilst accommodating new functionality to meet the specific requirements of the post-registration foundation programme.

Following launch, we will seek feedback from users and improve e-portfolio functionality as with our other programmes

Training programmes

The RPS will not deliver a formal education and training programme against the curriculum outcomes; this will be delivered by training providers including GPhC

accredited independent prescribing providers. The curriculum has been designed to offer significant flexibility to employers, statutory education bodies, higher education institutions and other training providers in how learning and training is delivered. Examples include commissioned training programmes, employer led training programmes and training provider training programme. Whilst we think it will be difficult to achieve the curriculum requirements in the absence of a structured and supportive training programme, some individuals may not have access to a formal training programme and may wish to undertake their own learning and development.

To date, we are aware of the following training programmes (all intend to use the RPS e-portfolio):

Scotland	NES Post-registration foundation programme for newly qualified pharmacists commences October 2021. It will be a modular programme (includes prescribing as a standalone course) and is for all sectors of practice. Specific funding for community pharmacists has been secured.
Wales	HEIW are out to tender for a higher education institution delivered integrated post-registration foundation programme to commence September 2022.
England	CPPE will be offering a 12 month programme for newly qualified community pharmacists working in independents and small/medium multiples (includes locums). Supports developing skills to progress to independent prescribing. It commences November 2021. University of East Anglia are developing an integrated programme with an expected launch date of June 2022. They have been in regular communication with the GPhC and anticipate their accreditation event will be early 2022.

AMEE conference: Short communication presentation

Our abstract, 'Designing a novel programme of national assessment for early career pharmacists: Painting a blank canvas' was accepted as a short oral presentation for presentation at the international Association for Medical Education (AMEE) conference in August 2021.

Lifelong Learning in Pharmacy Conference: Oral presentation

Our abstract, "Using role analysis to create a Foundation Pharmacist Framework" was presented at the Lifelong Learning in Pharmacy international conference in July 2021. This was deferred from 2020 as the conference was postponed due to covid-19.

Postregistration Foundation Forum

We co-chair the Postregistration Foundation Forum with the GPhC. This is a forum where key stakeholders can share their approaches to the delivery of postregistration foundation training and discuss common issues or challenges. The group met in July

in which they discussed the headline feedback from the consultation on the RPS Postregistration Foundation curriculum and how to support independent prescribing training, particularly ongoing scope of practice.

5. Advanced and Consultant Practice

In 2021 the Royal Pharmaceutical Society began a programme of work to develop new advanced credentialing processes for pharmacists working in patient focussed roles.

The work continues to develop at pace for the core advanced curriculum and credentialing assessment as well as two pioneer modular specialist credentials in critical care and mental health. Key outputs since the previous Board report are:

- All the core advanced curriculum outcomes and descriptors have now been drafted and agreed by the curriculum T&F group and are being prepared for wider consultation
- The assessment blueprint has been developed and agreed by the assessment T&F group pending some further refinement
- The advanced specialist critical care purpose statement, curriculum outcomes and underpinning knowledge guide have been drafted and refined and work is underway on the assessment strategy
- The advanced specialist mental health purpose statement, curriculum outcomes and underpinning knowledge guide have been drafted and are being refined
- Positive progress has been in agreeing a contractual model between the RPS and the affiliate groups.

A high-level summary of progress against development timelines is provided below.

Programme element	Expected Delivery Date	Status and comments
Core Advanced Curriculum	October 2021	Green
Core Advanced Assessment	October 2021	Green
Specialist MH credential	October 2021	Amber – contracting mechanism determined and underway
Specialist CC credential	October 2021	Amber – contracting mechanism determined and underway

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data: April-June 2021

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
Apr – Jun	Consultant Pharmacist Oncology	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Intestinal Failure and Nutrition	Secondary	England	Provisional	Pending	Pending

	Consultant Pharmacist Older People	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Hepatology and Liver Transplantation	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Older People	Secondary	Scotland	Provisional	Pending	Pending
	Consultant Pharmacist Neurosciences	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Older People and Stroke	Secondary	England	Provisional	Pending	Pending
	Consultant Pharmacist Haematology	Secondary	England	Provisional	Pending	Pending

5b. Consultant Pharmacist Credentialing

Following on from the launch of our standardised consultant pharmacist post approval process, the RPS launched a credentialing process in October 2020 for individuals to be assessed as meeting the entry standard for consultant-level practice.

The [Consultant Pharmacist Curriculum](#) has been developed in line with the [RPS Curriculum Development Quality Framework](#) which defines the standards to be met by any RPS post-registration pharmacy curriculum.

Pharmacists must work towards the curriculum outcomes by compiling an electronic portfolio to demonstrate their learning in collaboration with a professional coach and expert mentors. This forms the basis of the assessment, which is carried out by the Consultant Pharmacist Competency Committee (CPCC). We continue to seek expressions of interest from appropriately qualified individuals to join the Consultant Pharmacist Competence Committee (CPCC) pool of assessors. We particularly welcome expressions from pharmacy system leaders, academic pharmacists and non-pharmacist consultant-level practitioners.

Since the launch of the consultant pharmacist credentialing process, we have received 15 portfolio submissions – 1 submission in the first window, 2 submissions in the second window, and 12 submissions in the third window.

Consultant pharmacist individual credentialing outcomes 2021

	Window	Sector	Country	Outcome	Ratified date
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Applicant 1	1	Primary care	England	Standard not met	17 March 2021
Applicant 2	2	Hospital	England	Standard met	1 June 2021
Applicant 3		Hospital	England	Standard not met – insufficient evidence	1 June 2021
Applicant 4	3	Primary Care	Scotland	To be reviewed	TBC
Applicant 5		Primary Care	Scotland	To be reviewed	TBC
Applicant 6		Academia	Scotland	To be reviewed	TBC
Applicant 7		Hospital	England	To be reviewed	TBC
Applicant 8		Hospital	Scotland	To be reviewed	TBC
Applicant 9		Hospital	England	To be reviewed	TBC
Applicant 10		Hospital	Scotland	To be reviewed	TBC
Applicant 11		Hospital	England	To be reviewed	TBC
Applicant 12		Primary Care	England	To be reviewed	TBC
Applicant 13		Hospital	England	To be reviewed	TBC
Applicant 14		Hospital	England	To be reviewed	TBC
Applicant 15		Hospital	England	To be reviewed	TBC

The first successful candidate is a member and will therefore be eligible to use the suffix: MPharmS (Consultant) to demonstrate their successful completion of the credentialing process.

E-portfolio solution

Individuals undertaking the credentialing process are granted access to the RPS consultant pharmacist e-portfolio to record and compile their learning and assessment evidence against the curriculum outcomes. Collaborators, including expert mentors and the professional coach, can access the RPS e-portfolio to undertake supervised learning events (SLEs), record feedback and provide judgements and narrative against the learning outcomes.

The consultant pharmacist e-portfolio is open to both members and non-members who wish to compile their evidence against the consultant pharmacist curriculum outcomes.

Since launch in October 2020, we have seen 514 pharmacists begin compiling their portfolio, with 220 collaborators registered.

An e-portfolio user group has been established to:

- Represent and share the experience of consultant pharmacist e-portfolio users
- Provide feedback on the e-portfolio to the RPS through a range of mechanisms
- To inform recommendations on the continuous development of the consultant pharmacist e-portfolio and processes to optimise user experience.

Recent functionality upgrades as a result of their feedback include:

Feedback	Action	Timescale
Users are finding it difficult to get collaborators to complete SLEs as the collaborators do not want to register onto the e-portfolio	We have implemented an SLE ticketing process which will enable users to email an SLE ticket link directly to their collaborator. This means collaborators will no longer need to register onto the e-portfolio to access SLEs.	Launched on 4 th June 2021
User would like more patient survey guidance including an additional needs version	We also created more detailed patient survey guidance including instructions on how to complete the survey on the e-portfolio and via paper. We have created an additional needs version of the survey and have created a patient survey information leaflet.	Launched on 13 th May 2021
Users would like the ability to add a title to SLEs	Add the functionality to add titles to SLEs.	Launched on 4 th June 2021
Users would like the ability to link SLEs within the e-portfolio	We are currently working with our consultant pharmacist e-portfolio user group to explore how we can develop a user-	January 2022

	friendly process to link SLEs within the e-portfolio.	
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Faculty member assessment fees

Following feedback from APAP, it was agreed that Faculty members who achieved overall Mastery and ASII outcomes should receive a discounted fee for a portfolio submission due to the reduced number of outcomes that need to be assessed for them because of APCL. As a result, it was decided that those members would be offered a discounted fee of £350 per e-portfolio submission. This discounted fee of £350 was implemented into the e-portfolio in August 2021.

Member support webinars

As part of the RPS member benefit offer, we have been hosting monthly webinars to support pharmacists with their learning for the credentialing process. These webinars are open to all; however, they are free for members and a payable fee of £50 for non-members.

Month	Webinar content	Number of attendees	Attendee type
June	Open Q&A	54	RPS Member – 50 RPS international member – 3 RPS Student/pre-reg – 0
July	Developing high-quality evidence of learning for your portfolio – Research domain (1)	39	RPS Member – tbc RPS international member – tbc RPS Student/pre-reg – tbc
August	Developing high-quality evidence of learning for your portfolio – Research domain (2)	46	Ntbc

Member feedback summary

Month	Webinar content	Polls	Feedback
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June	Open Q&A	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Thank you still need a lot of handholding with this so please keep doing the webinars they are appreciated'
July	Developing high-quality evidence of learning for your portfolio – Research domain (1)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	"Very useful, lots of practical examples"
August	Developing high-quality evidence of learning for your portfolio – Research domain (2)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Interesting to hear about individual journeys within research. What would be more helpful is going one step further back. How did an idea develop into a project? How did you approach others to collaborate? How do you go about applying for funding? What does that funding get spent on?'

AMEE conference: Short communication presentation

Our abstract, 'From serendipity to standardisation: Designing and implementing a national curriculum to credential entry-level consultant pharmacists' was accepted as a short oral presentation for presentation at the international Association for Medical Education (AMEE) conference in August 2021.

6. Education

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS, partnering with RCGP, was awarded a contract by Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) in England. Course delivery commenced in October 2020 and by the end of August we had delivered courses to over 5,500 pharmacists. We have reviewed feedback from facilitators, chairs and learners on a monthly basis, and via our RPS RCGP CPCS Quality Team monthly meetings, assure the ongoing quality of the course content and delivery. We are receiving very positive feedback on the quality of programme content, facilitation and operational delivery, with a learner evaluation response rate of over 30%. Our focus over Q2/3 has been stakeholder engagement to support learner recruitment. We

commissioned external consultancy to review our stakeholder engagement activity to date, and working across England to identify new contacts. As a result, we have close engagement with many LPCs across the country and are following up with them to see how we can collaborate to deliver sessions tailored to each locality. Following consultation with HEE, we have opened the training up to foundation trainee pharmacists, to prepare them for registered practice. In Q2/3 we have trained pre-registration cohorts for Kamsons, Greenlight and Imaan Healthcare, and have dates in place for Day Lewis foundation trainee and newly qualified pharmacists.

Additionally, we are delighted to have been shortlisted for an award at Clinical Pharmacy Congress in September – a submission that was made in collaboration with CPPE and RCGP.

Antimicrobial Stewardship Training Programme

Our RPS Antimicrobial Stewardship (AMS) Training Programme has been running since 2019 and aimed at pharmacists from community, primary care, CCG and hospital areas of practice. Delivered in collaboration with Public Health England and UKCPA, this blended learning programme has been adapted to the digital environment, and aims to upskill pharmacists to apply PDSA cycles (Quality Improvement methodology) and behaviour change interventions to improve AMS in their workplace. In August, we have submitted a paper for peer review, to disseminate learning and information about the programme. We are currently working to secure funding for our next cohort of learners.

Over Q2/3, we have worked with the Commonwealth Pharmacists Association to scope a potential expansion of this programme to a global audience, with focus groups held with 8 African nations to identify potential learning needs around leadership and Antimicrobial Stewardship training.

Transition Programmes

We continued working with NHS111 in Wales, and HEIW to support the delivery of the Transition programmes – supporting 32 pharmacists new to NHS111 and 24 pharmacists new to General Practice in Wales. Over Q2/3 2021 we have continued to build and test a new e-portfolio for NHS111 which is due to go live in September.

6b. Educational Events

In Q2/3 we have continued to deliver educational events in collaboration with a number of significant national organisations as part of our member benefit webinar series' within our RPS Live Content Streams: 'Clinical Updates and CPD' and 'Safer Use of Medicines'.

Month	Webinar content	Number of registrations	Number of post session recorded views

June	CPCS member series (2) – Common Skin Conditions (collaboration with British Association of Dermatologists)	238	77
July	NICE Webinar Series (2) - Updated infection guidance – UTIs	75 (capped intake – small group learning session)	Not recorded
July	Joint Royal Colleges Webinar Series (2) - Transitions of Care	319	17
July	CPCS member series (3) – Implementing the NHS CPCS GP Referral Pathway	154	20
Aug	The new NHS111 e-portfolio: Live demo (Learners)	15	N/A
Aug	The new NHS111 e-portfolio: Live demo (Tutors)	10	N/A

AMEE conference: Short communication presentation

We presented an abstract at the Association for Medical Education international conference 2021, sharing details of our highly valued RPS COVID-19 Education Programme of webinars and training resources for pharmacy professionals deployed to Care Homes and Critical Care settings.

6c. Operational infrastructure

RPS Live

In November 2020, the Education Delivery Team led the establishment of new ways of working across the RPS, bringing together all teams in the organisation that deliver live content (webinars, podcasts, social media events) for members. Based on insight from the Early Careers Programme and previous market research, we agreed to categorise our live content into the following content themes:

- News and Views
- Science and Technology
- Careers
- Safer Use of Medicines
- Clinical Updates
- Assessment and Credentialing
- Inclusion and Diversity

In Q3 we scheduled and reviewed feedback collected from circa 16 events (excluding CPCS sessions), noting a reduced programme during August over the holiday season.

In August, we undertook an Equality Impact Assessment with members of the ABCD group, to ensure that our programmes and events meet the needs of our members and attendees, and that they are not inadvertently discriminating against any protected group. The report is due to be published in September.

Learning Management System

In Q1/2 we commenced work with the Operations Team to gather requirements and develop a business case for a new Learning Management System to support the delivery of our Education Delivery Strategy. This system will replace our existing Moodle platform that currently supports the delivery of:

- AMS Training Programme
- NHS111 Transition Programme (Wales)
- GP Transition Programme (Wales)
- Pre-registration Mock Exam
- Assessor Training (credentialing pathways)

In Q3/4 we will be finalising our 5-year Education Delivery Strategy. This technology will be integrated with our new e-portfolio platform, and will be key to our plans to extend our education offer to the wider membership and beyond.

7. Mentoring

To date we have 1532 registered* users on our mentoring platform. 1192 mentees (944 are active), 504 mentors (403 are active). 1495 mentoring requests have been made (616 are in progress, 233 already completed).

**We are still working with our platform provider to encourage registered users to set up their profiles so they can be added to our pool of searchable mentors or search as active mentees. If they do not do this within a year of accessing the platform their details will be removed. Thus, we may see a drop in numbers of registered users, though an increase in active users.*

Mentoring support and resources

We are continuing to work closely with our mentoring development group to develop training content for mentors. A new webinar series launched in June with two webinar events delivered and further webinars in the series will continue to be delivered through 2021.

We have also continued planning and co-ordinating peer support events for experienced mentors, a safe space for established mentors to enhance and refine their mentoring skills. These launched at the end of June and delivery will continue through 2021.

To further embed quality and align with the RPS Inclusion and Diversity strategy, we have worked with our mentoring platform provider to ensure all video resources are now available with audible sound to ensure accessibility and equality for all our users.

Pharmacy Education Conference: oral presentation

Our abstract, “An exploration of the development needs of mentors and mentees using a national mentoring platform” has been accepted as an oral presentation for the Pharmacy Education Conference in September 2021.

National Pharmacy Board meeting 23 September 2021

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

National Pharmacy Board meeting – 23 September 2021

Title of item	RPS Connect progress report
Author of paper	Clare Morrison
Position in organisation	Director for Scotland
Telephone	020 7572 2220
E-mail	clare.morrison@rpharms.com
Headline summary of paper	To provide an update on the development of RPS Connect, the new digital networking platform for RPS members.
Purpose of item	<p>This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.</p> <p>Board members who are interested in participating in the user acceptability testing of RPS Connect should contact Clare Morrison: at least two Board members per country are requested.</p>
Risk implications	<ul style="list-style-type: none"> • Lack of membership participation/engagement • Technology barriers identified during user testing phase
Resource implications	None for consideration. This project is within the existing allocation and business case.

RPS CONNECT PROGRESS REPORT

Background

RPS Connect is a new digital service that will enable RPS members to connect with each other in a safe space. It will provide professional networking opportunities to learn, share best practice and to ask questions. It will also enable communication between RPS

members and staff. RPS Connect will be a vibrant pharmacy community that will reduce professional isolation and bring pharmacists together.

RPS Connect will be launched in Autumn 2021. The development of the service was announced on 21 May 2021 via this [release](#) and was discussed at the Joint National Pharmacy Boards meeting in June 2021.

Summary of activity /achievements to date

Activities detailed in June 2021 Board paper (all complete):

- Development phase: scoping with members, scoping the technology and planning the structure (January to April 2021)
- Business case approved (May 2021)
- Contract signed with technology provider, Salesforce (June 2021)

New activity since June 2021:

- RPS staff training and development for staff members supporting the Connect service undertaken on platform capability and functionality
- Platform designed and specified to technology provider, both in RPS branding and to meet the functionality/structure identified in scoping phase
- Initial staffing model put in place: RPS Connect Support Manager (development of an existing staff member) and Digital Product Manager (recruited one-year fixed term post working across a number of RPS digital products)
- Governance process developed, including terms and conditions for use, complaints and moderation, and privacy policy
- Initial all-RPS staff awareness sessions completed
- Plan developed for RPS staff training and content population prior to launch
- Continued project oversight from cross-RPS project group

Next steps

- Detailed all-RPS staff training sessions in September
- Content structure planned with staff in September and October
- Internal technical testing in September and October
- User acceptability testing in October: now ready to seek Board members, Expert Advisory Group members and RPS Locals co-ordinators to participate in this user testing phase
- On successful completion of testing:
 - Exact date for launch to be confirmed (planned for Autumn 2021)
 - Initial content to be populated by staff and testers prior to launch
 - Communications strategy to be developed and implemented

Conclusion

The development of RPS Connect remains on course and in budget.

National Pharmacy Board meeting – 23 September 2021

Title of item	Inclusion and Diversity Update
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update and forward planning for Q4 2021 & Q1 2022
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge • Staff absence and sickness
Resource implications	RPS Staff time

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession.

Summary of activity /achievements to date

1. Action in Belonging, Culture and Diversity (ABCD) Group

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

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

To date 471 members across the profession have joined, demographic data of the group:

- 84% pharmacists, 3% pre-registration students, 5% pharmacy students, 1.9% pharmacy techs, 0.4% pharmacy support staff, 0.8% pharmaceutical scientist and 3.2% other
- Predominantly from hospital (27%), community (20%) and academic (15%) areas of practice
- 70.1% women and 27% men 2.9% preferred to not say
- 11% have stated they have a disability; 4% preferred not to say
- 60% are from a Black, Asian and Minority Ethnic community
- 9% are from the LGBTQIA+ community; 14% preferred not to say

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

- a. Development of a series of [microaggression references](#) to support members of the profession to identify what microaggressions are and the implications of such actions. We have developed a [Disability Related Microaggression Reference](#) accompanied by a [workshop](#) to support the use of the reference, explain what microaggressive behaviour is and what to do if you have been a victim or witnessed such behaviour. We have previously developed a [Race Related Microaggressions Reference](#), and we will launch a Gender Related Microaggression Reference in November and Sexual Orientation Related Microaggression references for February 2022.
- b. We continue to work with our ABCD reference groups who are sharing their experiences of working in pharmacy and informing us of how we can shape our resources, events and celebrations for particular groups. These include:
 - **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and to help shape our disability awareness campaign launching in December 2021.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexuality and the importance of inclusive language and not making assumptions. The group also helped to shape PRIDE celebrations.
 - **Women in Pharmacy Design Group:** volunteers are helping design the agenda and content of our next Women in Pharmacy event being held in November.
- c. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. Examples include individuals sharing their experiences of having a [visible and non-visible disability](#), the [importance of flexible working within the profession](#) and the [importance of inclusion and diversity at an undergraduate level](#).
- d. We have asked for feedback from the ABCD group to help shape our Inclusion & Diversity Evaluation; to establish what does good look like for our members, how we can measure the positive impact the RPS Inclusion & Diversity workstream on the profession and areas of improvement.
- e. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

2. RPS Inclusion and Wellbeing Pledge

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

So far, the RPS Inclusion & Wellbeing Pledge has been signed up to by a total of 948 members of the profession. With 877 members have made individual pledges, 20 team pledges and 51 organisational pledges including unions, employees, the NHS, regulators & pharmacy schools. Resulting in a large number of individuals being positively impacted by the RPS Inclusion & Wellbeing Pledge.

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

We are working on producing resources and guidance that underpin the RPS Inclusion and Wellbeing Pledge to create fair and transparent processes and support visibility, representation and progression across groups. We are also looking to hold a RPS Inclusion and Wellbeing Pledge event in October to support showcase good practice and inspire actions of implementing the pledge.

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

We ran an anonymous survey to collect EDI data from our members from January to April. We will be using the data internally to provide us with more information on the demographics of our membership. We have presented the data to Assembly in July to agree actions to improve engagement with future EDI data collection.

We are exploring ways to increase the response to future EDI surveys. We have engaged with our Early Careers Group and held an open meeting with the ABCD group. We received feedback that we need to be clearer about the importance of completing the survey to both the profession and the communities we serve. We also received suggestions about how to make the survey easier and more convenient to complete. The experience of other membership organisations collecting EDI data shows that individuals may feel uncomfortable answering questions about their diversity, this improves through demonstrable commitment to inclusion and diversity strategies. As we go on developing our inclusion and diversity work, we will continue to build trust and a sense of belonging across the profession so that more members will want to share their EDI data with us.

This survey is an immediate solution to collecting data on the representation of our membership. We are planning a more long-term solution to collect this data.

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

4. Inclusive Pharmacy Practice - Health Inequalities

Working with the three Chief Pharmaceutical Officers across England, Scotland and Wales to support with inclusive pharmacy practice.

England: RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- [Diversity and Representation in the Leadership of the Pharmacy Professions](#) webinar chaired by Dr Bola Owolabi – showcasing how each organisation is addressing diversity in senior leadership
- [Training and Education resources - for those in patient care delivery roles & educators](#)
- [Using Public Health Data to deliver culturally competent care](#)
- Co-chaired the Inclusive Professional Practice Roundtable Event (July 29th 2021)
- On the CPPE design group for the Health Inequalities module launched in August and Health Inequalities awareness campaign due in September.

Wales: A statement of Inclusive Pharmacy Practice has been drafted, discussed and agreed through the Welsh Pharmacy Partnership Group.

Scotland: Scottish Government and other pharmacy organisations are committed to changing the culture to make pharmacy more inclusive and to better support workforce wellbeing. It was agreed to use the RPS pledge as a step towards this, and then for further discussions to take place about other actions needed.

5. Advocacy Asks

Throughout each of the ABCD meetings members have been clear about the advocacy asks that we should be lobbying pharmacy organisations for and what steps we as an organisation should be taking to ensure we are addressing key issues to ensure pharmacy is an inclusive profession.

We have published the [advocacy asks](#) on the RPS website, capturing what we have heard so far and what actions we have undertaken. This will continuously be added to and updated as we progress through the strategy and focus on particular areas in more detail and highlight changes in key particular areas.

6. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment template and have run EQIA workshops on the following RPS products with volunteers from our ABCD group:

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

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

We have also facilitated an EQIA workshop with Health Education England for the foundation trainee National Recruitment Scheme (ORIEL) with volunteers from our ABCD group.

7. Consultation Responses

a. GPhC Equality, Diversity, and Inclusion Strategy

We have submitted a response to the GPhC on their Equality, Diversity and Inclusion Strategy. The response has been shaped through engagement with the RPS Early Career Pharmacist expert group, RPS National Board members and ABCD members and RPS members.

We also invited the GPhC to June ABCD meeting for them to discuss the strategy and for ABCD members to share their views directly to the GPhC.

b. Welsh Government's LGBTQ+ Action Plan

We will be responding to the Welsh Government's LGBTQ+ Action Plan later in the autumn.

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

To support with ensuring there is visibility and representation for pharmacy students, we are working with the Pharmacy Schools Council (PhSC) to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. We are waiting for a response from PhSC. However, we are exploring options of how to facilitate this.

We have attended GPhC workstreams on initial education and training (IETs) reform and have asked for I&D needs to be embedded with the IETS and to consider cultural competence in greater detail.

9. RPS Position Statement on Women's Health

We released a [position statement](#) on women's health to tackle the health inequalities experienced by women across Great Britain. As the third largest healthcare profession, pharmacy can help reduce health inequalities for women through a range of public health services.

Community pharmacists and their staff understand the needs and challenges women experience in their local areas, which can help address health inequalities. Greater consideration is needed about how pharmacists can fully support people from marginalised communities, such as some minority ethnic groups, people who are homeless or have no permanent address, people in economically deprived and rural communities, members of the LGBTQIA+ community and those unlikely to access other healthcare services.

10. RPS Fellow Panel and Membership Committee recruitment

The RPS Fellowship nomination and appointment process has been reviewed to ensure any barriers to eligibility are removed and to ensure there is consistency in assessing how members have made an exceptional contribution to pharmacy and embed inclusion and diversity, fairness and equality in the procedures.

The RPS Fellow Panel recruitment process has been reviewed and a new Standard Operating Process adopted from the expert advisory groups to help encourage applications from a wide range of candidates as possible.

All RPS Fellow panel members, National Board Members and Expert Advisory Group chair will be expected to attend an inclusion and diversity workshop which will include unconscious bias training.

11. Inclusion and Diversity Evaluation

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

We recently held an ABCD meeting to gather thoughts from our ABCD members on what good looks like and what outcomes we should be measuring.

12. Disability Awareness Campaign

We will be working with disability experts and the ABCD Ability group to establish a disability awareness campaign, establishing what key topics and messages we need to cover and focus on to make the profession more disability inclusive.

13. Drumbeat Events and Celebrations

Over the last quarter we have celebrated and engaged in important discussions on:

- **Windrush Day**

Windrush Day is a day that honours the British Caribbean community.

Natasha Callender wrote a blog to mark the day; sharing what this day means to her: <https://www.rpharms.com/blog/details/More-than-a-ship-What-the-legacy-of-Windrush-Day-means-to-me>

- **South Asian Heritage Month**

From July 18th to August 17th we celebrated South Asian Heritage Month in collaboration with Pharmacy Technicians of Colour, APTUK, members of Boots BAME BRG Leadership Team and Mahendra Patel.

South Asian Heritage Month explores the history and identity of British South Asians. Across the month we undertook the following activities:

- Social media posts on artifacts from the RPS Museum
- A Lunchtime Live series covering a range of topics;
 - [Celebrating South Asian Contributions in Pharmacy](#),
 - [South Asian Female Pharmacy Leaders](#)
 - [Considering Intersectionality within South Asian communities](#)

- [Meet the team behind the scenes](#)
- Blogs about the experiences of South Asian pharmacists living in Britain; [Gurinder Singh](#) and [Shaheen Bhatia](#)
 - Dr Mahendra Patel highlighted a member of the South Asian community every day
 - A quiz across Twitter and Instagram on South Asia knowledge

- **Pride Month**

To acknowledge the Pride celebrations across the month of September we are hosting a Pride Quiz across our social media channels, we will also be sharing a blog from a pharmacist on from the South Asian & LGBTQIA+ community of her experiences.

Over the coming months we will be celebrating Black History Month, Trans Awareness Week and International Day of people with Disabilities.

14. Positive Engagement

Overall, we have seen an increase in engagement and diversity in applying for expert advisory group positions.

We continue to receive good engagement and feedback on the live events and workshops that we are hosting around Inclusion and Diversity.

Blogs on lived experiences receive particularly high engagement across all platforms.

Next steps

The table below indicates the activity we have coming up in Quarter 4 2021 and Quarter 1 of 2022 and our key priorities.

Activity	Sept	Oct	Nov	Dec	Jan	Feb
Co-create a yearly calendar of events and an annual I&D in pharmacy event.	Ongoing					
Continue to work with key stakeholders and pharmacy organisations to embed the RPS Inclusion and Wellbeing Pledge and to share best practice across the profession						
Working with NHS England, Association of Pharmacy Technicians UK (APTUK), Welsh and Scottish National Health organisations to reduce health inequalities						
Review how we increased engagement with RPS member EDI data survey						
Continuing to explore options of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas						
Evaluate the implemented changes of the RPS fellowship process and review further steps						
Launch family friendly policies and guidelines to fair hiring panels						
Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation)	Ongoing					
Address Black students' awarding gap at both undergrad and post graduate level.	Ongoing					
Development and launch of microaggression references						
Scope out the aims and objectives & develop Disability Awareness Campaign						
Launch the Disability Awareness Campaign						
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports						