

ROYAL PHARMACEUTICAL SOCIETY

Joint National Pharmacy Board meeting 2 February 2022

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

OPEN BUSINESS AGENDA 2 February 2022 at 09:00 to 12:15

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 (PB), CEO to welcome and introduce the RPS President. Claire Anderson to welcome board members, member observers, and staff to the meeting	Claire Anderson, RPS President	Chair, English Pharmacy Board (EPB)
2.	Apologies	For noting	Verbal	To note apologies	Chair, EPB	Chair, EPB
3.	a. Declarations of Interest b. Board members functions and duties	For noting	22.02/EPB/SPB/WPB.03a (and 03aC) 22.02/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting)	Chair, EPB	Chair, EPB
4	Minutes	For decision	22.02/NPB/04	To approve minutes from the open business of NPB meeting on 23 September 2021.	Chair, EPB	Chair, EPB

5.	Matters arising	For consideration		To consider matters arising from the above minutes that are not specifically included on the agenda	Chair, EPB	Chair, EPB
6. (09:20)	Standing orders - voting	For decision	22.02/NPB/06	For Board members to agree amendment to Regulations	Robbie Turner, Director, PMEX	Chair, EPB
7. Advancing Professional Practice						
7a (09:30)	Vision work	Update	Verbal	An update on country specific visions	Country Directors	Chair, Scottish Pharmacy Board (SPB)
7b (09:55)	Pharma-cogenomics	Update and discussion	22.02/NPB/07b	An introduction to Sophie Harding, RPS Pharmacogenomics and Personalised Medicines Lead. Update and discussion about project plans.	Ravi Sharma, Director for England/Sophie Harding, Pharmacogenomics Lead	Chair, SPB
7c (10:15)	Items for noting	For noting	22.02/NPB/07c	i. Science & Research update ii. Covid Response Team update iii. Independent prescribing iv. Education update v. Policy vi. Sustainability	Chair, SPB	Chair, SPB
Wellbeing break (10 minutes)						
8. Professional Belonging						

8a (10:25)	Workforce	Discussion	22.02/NPB/08a	To discuss the asks in our workforce statement and additional actions required	Clare Morrison, Director for Scotland / Country Directors	Chair, EPB
(10:35) Country specific breakout rooms to discuss workforce actions in each country						
8b	Items for noting		22.02/NPB/08b	i. Inclusion & Diversity - project update ii. Workforce wellbeing	Chair, EPB	Chair, EPB
9. Professional Engagement						
9a. (11:05)	2022 events programme and Annual Conference	Presentation and for noting	Verbal	Pharmacy Board members to receive an update on developing the programme for the Annual Conference	Hanna Jenvey, Events & Sponsorship Manager/Beth Ward, Head of Education	Chair, Welsh Pharmacy Board (WPB)
9b (11:25)	Items for noting		22.02/NPB/09b	i. 2022 NPB elections ii. Public affairs	Chair, WPB	Chair, WPB
10	Any other business and any discussions from items for noting.	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, WPB	Chair, WPB
End of Joint Board Open Business – 11:45						

Breakout rooms – country specific agendas. – 30 mins

Country specific agendas:

English Pharmacy Board: Agenda item on “Elections – number of nominees for a candidate” Paper 22.02.EPB.1

Scottish Pharmacy Board: Subject: Launch of Pharmacy 2030: a professional vision for pharmacy in Scotland (See separate agenda). **Welsh Pharmacy Board:** Delivering a Healthier Wales – Vision 2025 goals

End of Open business at 12:15 - Lunch (45mins)

English Pharmacy Board meeting 2 February 2022

Declaration of Interests

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

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
- Director of JM & W Darling Ltd
- Director of PSNE LTD
- Brother is an academic pharmacist

Ciara Marie Duffy

OPEN and CONFIDENTIAL BUSINESS

- Quality Manager/Qualified Person at Novartis
- Sister – Regional Lead Pharmacist Interface Clinical Services
- Sister – Pharmacist Boots Ireland
- Brother-in-Law – Pharmacist HSE Ireland

Mary Evans

- Interim ICS Chief Pharmacist BLMK ICS (Beds Hospital NHS Foundation Trust)

Thorrund Govind

- Locum Pharmacist-various pharmacies
- Solicitor- Hempsons
- Pharmthorrun Ltd]
- Social Media Consultancy
- Pharmacist – Boots
- Trustee- OCD UK
- 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'

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OPEN and CONFIDENTIAL BUSINESS

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of The Pharmacists Co-Operative
- Member of the Guild of Healthcare Pharmacists

Duncan Petty

- Honorary lecturer University of Bradford
- Director Duncan Petty Consultancy Ltd
- Yorkshire Health Network
- Non Exec Director, Yorkshire Health Network
- Adviser to Cores Prescribing Solutions Ltd

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence, sole share holder
- Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

Tracey Thornley

- Head of Research Innovations Partnership Team, and Head of Health Innovation and Policy Integration Team at UK Health Security Agency
- Senior Contract Frameworks and Outcome Manager, Boots (POST ON HOLD BUT NOT ACTIVE)
- Honorary Professor in Pharmacy Practice, University of Nottingham
- Member of community Pharmacy Section Executive Committee, International Pharmaceutical Federation (POST ON HOLD UNTIL MAY 2022)
- Member of University of East Anglia School of Pharmacy Industrial Advisory Board

Andre Yeung

- Chair, LPN – Pharmacy (Northumberland, Tyne and Wear)
- NHS England Senior Specialist Advisor Public Health – Newcastle City Council
- Advisory board for Durham University Business School
- Treasurer, RPS

Scottish Pharmacy Board

February 2022

Declaration of Interests

Brian Addison

- 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
- Vaccinator with NHS Grampian
- 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)
- Consultant Clinical Informatician - NHS National Services Scotland
- Director: 2Bishops Consulting Ltd

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Partner is a civil servant working for Social Security Scotland- branch of the Scottish Government
- 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
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A Private Pharmacy)
- Lead Pharmacist, GMEDs
- Locum Pharmacist

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
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- Lead Partner –Commonwealth Pharmacists Association Antimicrobial Stewardship Programme project with two hospitals in Ghana 2019 to date
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

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: 19 January 2022

February 2022

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

- Director of JMH Collaborations Ltd
- Consultancy fees for speaking, executive coaching, seminars and workshops
- Consultancy fees for Business Development sessions and executive coaching for various private and public sector organisations
- Honorary Senior Lecturer School of Medicine, Cardiff University
- Honorary Senior Lecturer School of Pharmacy and Pharmaceutical Sciences, Cardiff University
- Director, Welsh Medicines Resource Centre (WeMeReC)
- Member, Cardiff Business Club
- Wife is Medical Director and Medical Consultant at Marie Curie Hospice, Cardiff and the Vale

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 Sehwat (Spouse) –HEIW

Cheryl Way

- Digital Health and Care Wales
- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union
- 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) Royal Glamorgan Hospital

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB

Geraldine McCaffrey

- Betsi Cadwaladr University Health Board
- Executive Member Pharmacy Delivering a Healthier Wales
- Member - UKCPA.
- Member – Unite the Union/Guild of Healthcare Pharmacists.
- Vice Chair – Pharmacy Research Wales

Helen Davies

- Pharmacist Team Leader for Education, Training and Workforce Development in Primary Care. Cwm Taf Morgannwg University Health Board from March 2018.
- From March 2018 to February 2021 - HEIW teaching sessions (cardiology)
- Sessions from 2011 onwards
 - Honoraria from BMS to be an expert speaker for anticoagulation teaching sessions and attendance at a masterclass 2018
 - Swansea Bay UHB bank staff – NHS 111 evening sessions 2017
 - Pfizer sponsorship to attend anticoagulant and cardiology conference 2018 and 2015
 - Boehringer to assist a consultant cardiologist with an anticoagulant clinic 2015
 - Expert review of materials for WCPPE 2014
 - Cardiology teaching sessions for WCPPE in 2014
 - Cardiff University to provide cardiology teaching sessions 2008 until 2019
 - Cardiff University to provide teaching sessions on critical appraisal and prescribing 2011
- Member of UKCPA
- Member of PCPA
- Cwm Taf Morgannwg UHB representative for AWPAG

Gareth Hughes

- Deputy Superintendent & Wales Clinical Lead at Avicenna Retail Ltd
- Board Member of Community Pharmacy Wales
- 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
- 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

National Pharmacy Board meeting - 2 February 2022

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 BOARDS' MEETING

Minutes of the Open business meeting held on Wednesday 23 September 2021, by Zoom.

Present

English Pharmacy Board

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

Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Kathleen Cowle (KC) Vice Chair, William (Iain) Bishop (IB), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JM), Catriona Sinclair (CS), 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), Dylan Jones (DJ), Richard Evans (RE), Geraldine McCaffery (GM), Jamie Hayes (JH), Sudhir Sehrawat (SS)

In attendance:

Member observers attended the meeting

RPS Staff

Paul Bennett (PB) Chief Executive, Clare Anderson (CA) President, Corrine Burns (CB) PJ Correspondent, Yvonne Dennington (YD) Business Manager England, Amandeep Doll (AD) Head of Professional Belonging, 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, 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

Apologies

Brian Addison (BA) (SPB), Sibby Buckle (SB) (EPB)

Tamara Cairney (TC) (SPB) and Ruth Mitchell (WPB) running late

21/09/01.	Welcome and address from CEO/President Chair: EPB, Led by CEO/President The President welcomed everyone to the meeting. She thanked the staff and members and the profession for their continued work and support. The CEO also welcomed the observers. He gave a brief synopsis of the RPS Governance Structure outlining the role of the Assembly in providing strategic direction and having fiduciary oversight of the RPS and the role and responsibilities of the three Country Boards; interpreting policy and practice and engaging with members locally.	
21/09/02.	Apologies Chair: EPB, Led by: Chair, EPB Apologies were received from Sibby Buckle EPB; Brian Addison SPB, Tamari Cairney SPB and Ruth Mitchell WPB were both running late.	
21/09/03.	Declarations of interest Chair: EPB, Led by: Chair, EPB (Papers: 21.09/EPB/03, 21.09/SPB/03 and 21.09/WPB/03). WPB It noted that Cheryl Way (CW) and Dylan Jones (DJ) declarations were incorrect and would be updated for the next meeting. EPB: It was noted that Tracey Thornley and Mary Evans had updates to their declarations – these will be updated for the next meeting.	
21/09/04.	Minutes of the English Pharmacy Board Formal Business meeting (voting), held on 22 June 2021. Chair: EPB, Led by: Chair, EPB	

<p>(Paper: 21.09/EPB/04)</p> <p>The English Pharmacy Board (EPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal EPB meeting held on 22 June 2021.</p> <p>approved by (Alasdair Jones) and seconded by (Martin Asbury).</p> <p>Minutes of the Scottish Pharmacy Board Formal Business meeting (Voting), held on 22 June 2021. (Paper: 21.09/SPB/04).</p> <p>The Scottish Pharmacy Board (SPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal SPB meeting held on 22 June 2021.</p> <p>approved by (Andrew Carruthers) and seconded by (Audrey Thompson).</p> <p>Minutes of the Welsh Pharmacy Board Formal Business meeting (voting), held on 22 June 2021. (Paper: 21.09/WPB/04)</p> <p>The Welsh Pharmacy Board (WPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal WPB meeting held on 22 June 2021.</p> <p>approved by (Cheryl Way) and seconded by (Dylan Jones).</p>	
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	<p>Minutes of the National Pharmacy Boards' (NPB) Joint Formal Business meeting, held on 23 June 2021. (Paper: 21.09/NPB/04)</p> <p>The National Pharmacy Board (NPB)</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal NPB meeting held on 23 June 2021.</p> <p>approved by (Andre Young) and seconded by (Martin Asbury).</p>	
21/09/05.	<p>Matters arising (Paper: 21.09/NPB/05) Chair: EPB, Led by: Chair, EPB</p> <p>NPB members were advised that concerns had been raised around the naming of Primary Care, and Community Pharmacy expert advisory groups.</p> <p>Action: The chairs of the groups will meet to discuss naming convention and will bring forward a proposal for next board meeting. The boards were invited to contribute to this discussion</p>	
21/09/06.	<p>Sustainability (Paper: 21.09/NPB/06) Chair: WPB, Led by: Elen Jones, Director for Wales</p> <p>The NPB noted the progress work to date and were informed of some additional pieces of work as follows: -</p> <ul style="list-style-type: none"> ➤ Launch of the Competency Framework and date for wider members 6th Oct to inform the work ➤ Clare Anderson and Elen Jones have been invited to speak at a virtual event, approach made from Toronto which reflects the international reach of the work of RPS. ➤ A full-page spread featured in the Herald in Scotland <p>Board members agreed that there were no other key activities for the team to consider , and were happy with the direction taken for this project. It was noted that a considerable amount of work was going on.</p>	

	<p>NPB members endorsed the decision to adopt recently published Professional Bodies Climate Action Charter, developed by Professional Associations Research Network (PARN).</p> <p>NPB members were asked to consider RPS membership of the UK Health Alliance on Climate Change (UKHACC). It was noted that there would be a financial contribution, which could be covered by the financial budget set aside for the Sustainability work. Membership would afford for one elected member to sit on the board. It was expressed that working together with other Royal Colleges is powerful and allows RPS to provide strong expertise into this group.</p> <p>NPB members agreed to RPS membership of the UK Health Alliance on Climate Change (UKHACC).</p> <p>Action – Team to subscribe RPS to the membership of the UK Health Alliance on Climate Change (UKHACC)</p> <p>Action – Revisit RPS membership of the UK Health Alliance on Climate Change (UKHACC) on an annual basis</p> <p>Action – A Project Plan to be developed so that membership have a clear idea of the direction of travel</p>	
21/09/07.	<p>Pharmacy workforce shortages (Paper: 21.09/NPB/07) Chair: SPB, Led by: PA team</p> <p>NPB members discussed this item in their country teams noting that RPS will be looking to develop a clear policy position for RPS over time, so that we can lead and influence the debate on workforce numbers.</p> <p>English Pharmacy Board breakout session</p> <p>The EPB discussed paper 21.09/NPB.07 and the four questions therein, some of the main points raised at this session included the following:-</p> <ul style="list-style-type: none"> ➤ Call for more data collection from NHS bodies in England as there is a lack of robust evidence. Data to be developed into intelligence and help with workforce planning for 	

	<p>now and future. NHS bodies in England should emulate Scotland and Wales in its data collection. Data must include locums.</p> <ul style="list-style-type: none"> ➤ There are many reasons and factors for reporting workforce shortages including lack of international pharmacists due to Brexit, long working hours, lack of work/life balance, culture, pharmacists leaving the profession, moving sector into PCNs, workforce pressures, wellbeing issues – not feeling valued. ➤ England needs a professional vision for pharmacy to ensure the workforce is excited about the future of the profession and want to be part of it. ➤ Currently two opposing narratives – employers say shortage of pharmacists – in the past it has been said that there is a predicted oversupply of pharmacists – RPS has a role in explaining the narratives. ➤ How are perceived workforce shortages affecting safety and quality for the population ➤ Temporary closures of pharmacies is not good for the profession or patients – need to understand the reasons and if this being reported properly ➤ Changes in pharmacy practice over past 15 years – more services provided require more pharmacists to deliver ➤ Move to flexibly working – not sector specific ➤ Affordability of employing more staff <p>No feedback on the EPB breakout session was taken at the meeting, but EPB will reflect and discuss at a future meeting.</p> <p>Scottish Pharmacy Board breakout session</p> <p>The key themes discussed were noted as:</p> <ul style="list-style-type: none"> ➤ Develop a position statement based on membership views and in collaboration with other external pharmacy stakeholders, with which to lobby Scottish Government (ScotGovt) for change. Try to incorporate the Pharmacy 2030 vision work in this. Should consider the whole profession. ➤ Call for improved workforce data in all areas of the profession, to establish a baseline to inform workforce planning. Data should include NHS 24, locums and also the pressures of remote and rural working. 	
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	<ul style="list-style-type: none"> ➤ Call for improved workforce planning: need to use modelling to understand future workforce requirements. It is expected that the workforce required for Clinical Informatics alone in Scotland will increase by 600-700% over the next ten years. ➤ Importance of blue sky thinking and considering future roles and ways of working in workforce requirements. ➤ Acknowledge the move towards portfolio careers, to include flexibility in ways of working and taking into account the changing ways of working, with a move towards decreasing hours. Also consider that a 4-day week is a future possibility. ➤ Consider the shape of a future pharmacy team, including skill mix and use of digital innovation. Also, the call for protected learning time, particularly for Foundation pharmacists. All these factors will need to be incorporated into pipeline discussions. ➤ Gap analysis needed on current activities to understand how to better use skills mix and plan workload. ➤ Rest breaks should be mandatory as a matter of patient safety. ➤ Focus on retention of pharmacists; linked to the RPS wellbeing work and also career frameworks. ➤ Future planning - promote Pharmacy as a career in schools; tools are being developed that will be easy to access. A video has already been produced and, as part of a package to take into schools, the team is now exploring the production of an animation which shows the profession of pharmacy as a whole, including all roles and settings. The package could also be used by members in their local areas. ➤ Support the establishment of the ScotGovt Pharmacy Workforce Forum. ➤ Hold focus groups with the membership to gather views on workforce issues, gather available data around increased vacancies and use this to inform position statement to present to ScotGovt. ➤ Wellbeing – consolidate the provision of training requirements and protected learning time. ➤ Misunderstanding between sectors; RPS Connect could be used to bridge those gaps, e.g. local area groups with pharmacists from different sectors. <p>No feedback on the SPB breakout session was taken at the meeting, but SPB will reflect and discuss at a future meeting.</p>	<p>Team Scotland</p>
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	<p>Action: Hold focus groups with the membership to gather views on workforce issues</p> <p>Welsh Pharmacy Board breakout session</p> <p>The key themes in discussion were: -</p> <ul style="list-style-type: none"> ➤ Patient safety is connected to workforce pressure ➤ Vacancy rates work across all sectors, but this results in areas being left depleted and more pressure on staff to train them ➤ Wellbeing of staff – reduce opening hours as with COVID, built in flexibility ➤ Wages – revisit the data, may not be for RPS to dictate wages – members are saying, if we can influence. Hard to recruit as wages are low. Working conditions are tough. ➤ Locum rates very high making it difficult to backfill ➤ More flexible working Protected training time – to learn and develop and support reinforce positive messages ➤ Education and training - distance learning need to be more creative and integrate and remote methods, joint training with all sectors could be a way forward ➤ Sectoral turn over - need to unpick why people are changing sectors ➤ In Wales discussing with schools – 14 -17-year-olds pharmacy as career – young students in Wales – Wyn Davies Cardiff University linking across England. <p>No feedback on the WPB breakout session was taken at the meeting, but WPB will reflect and discuss at a future meeting,</p>	
21/09/08.	<p>Wellbeing (Paper: 21.09/NPB/08) Chair: EPB, Led by: Heidi Wright, Practice & Policy Lead, England</p> <p>The Wellbeing survey for 2021 was launched on 23 September. All board members were asked to complete the survey and distribute more widely to their colleagues. It is hoped the survey results will help inform the future direction of travel for the project.</p>	

	<p>HW gave a short synopsis of the paper and asked for feedback on the three questions asked in the paper.</p> <p>The question of partnership working was raised. Currently there is partnership working going on with Pharmacist Support and the Mental Health Academy but there is scope for wider participation and collaborative working especially in respect of lobbying for protected learning time and prevention which is another area which will benefit from working with stakeholders.</p> <p>It is being reported that wellbeing is slipping down the agenda and becoming less of a priority in the workplace – this is a real challenge and resulting in team members unable to take holidays, rest breaks or protected learning time.</p> <p>The subject of prevention and rest breaks was raised with acknowledgement of how important it is for all parties to recognise that breaks are essential in order to maintain patient safety and to avoid making mistakes. Pharmacists should be reminded of the importance of taking a break and of the wellbeing support services that are available in England/Scotland and Wales. The RPS is hoping to launch a resource on prevention and is looking at what more can be done in this area.</p> <p>Board members were broadly in agreement that prevention should be the focus of the Workforce Wellbeing programme over the coming year.</p> <p>HW thanked the boards for the helpful discussion.</p>	
21/09/09.	<p>Inclusion & Diversity (Paper: 21.09/NPB/09) Chair: WPB, Led by: Amandeep Doll, Head of Professional Belonging/Ravi Sharma, Director for England</p> <p>AD introduced the paper saying that the current focus is on evaluating the implementation of the RPS I&D strategy so far. AD asked the board to consider the three questions in the paper.</p>	

	<p>White allyship was highlighted as a great example of how this form of mentor/mentee relationship can be so beneficial for and impact on individuals, giving a greater understanding of inclusion and diversity. Board members were encouraged to become involved. RPS could possibly facilitate these relationships on the mentoring platform.</p> <p>Discussion continued around outcome measures with some comments listed below:-</p> <ul style="list-style-type: none"> ➤ Getting data for outcomes for such types of work is difficult – how do we measure this? Any researchers with a specialised interest we could work with? ➤ Outcomes from actions is hard to quantify ➤ Go back to surveys and use as baseline whilst recognising that it is not fully representative of members ➤ Keen to look at NHS England Workforce Race Equality Standards to measure work and drive improvement ➤ Continue to include I&D as a topic on all board/assembly agendas ➤ What are we looking to achieve from this work? ➤ Need to work with others on this in partnership ➤ Need qualitative data – be aware of the effect on individuals – needs real in-depth qualitative research ➤ RPS is able to collect special category data if anonymised ➤ Measure engagement with the work we are doing and measure again in a year or so – success is seeing engagement ➤ Follow up on the Pledge - “what has changed since sign up”, what actions have been taken? ➤ How do we continuously measure EDI data – currently looking at long term solutions. <p>AD thanked board members for their contributions.</p>	
20/09/10.	<p>Papers for noting: Chair: EPB, Led by: Chair, EPB</p> <p>The NPB members noted the following items and corresponding papers 21.09/NPB/10 (a) - (j).</p>	

	<p>(a) Science & Research update – RT took the opportunity to say a fond farewell to Luigi “Gino” Martini, Chief Scientist, and wish him well for the future in his exciting new role. He gave a huge thank you to Gino for all the work he has done, along with his team, to put Science and Research at the centre of the work of the RPS.</p> <p>Gino responded by saying that it has been an honour and privilege to work at the RPS for the past four years with great colleagues. He added that Covid has been demanding for all but that he was leaving Science and Research in the hands of the Chair of the Science and Research Committee Barrie Kellam in the interim. The Chairs added their thanks to Gino.</p> <p>(b) Covid Response Team update (c) Independent prescribing (d) Policy (e) Public affairs (f) Genomics and Personalised medicines update (g) Education update (h) Board members functions and duties (i) RPS Connect (j) Inclusion & Diversity update</p>	
20/09/11.	<p>Any other business Chair: SPB, Led by: Chair, EPB</p> <p>There was no other business to be discussed.</p>	
21/09/12.	<p>Dates of next National Pharmacy Board meetings for 2022 Chair: WPB, Led by: Chair, WPB</p> <p>National Pharmacy Board Meeting – 2 February 2022 National Pharmacy Board Induction/Working day – 21 June 2022 National Pharmacy Board meeting – 22 June 2022 National Pharmacy Board meeting – 29 September 2022</p> <p>(Please Note: there is an option for an additional Board meeting if required for the English Pharmacy Board)</p>	

The meeting closed at: 11.20am

DRAFT

Action list

Item No	Action	By Whom	By when /Open/Closed
21.09.05	The chairs of the expert advisory groups (Community and Primary Care) will meet to discuss naming convention and will bring forward a proposal for next board meeting. The boards were invited to contribute to this discussion	Chairs PC/Comm EAG/Board members	February - Open
21.09.06	Team to subscribe RPS to the membership of the UK Health Alliance on Climate Change (UKHACC) Revisit RPS membership of the UK Health Alliance on Climate Change (UKHACC) on an annual basis A Project Plan to be developed so that membership have a clear idea of the direction of travel	Sustainability Project Team NPB Sustainability Project Team	September 2021 - Open September 2022 Open February - Open
21.09.07	Lobby the membership re: views on workforce issues, gather available data around increased vacancies and use this to inform policy to present to ScotGovt.	Team Scotland	November - Open

English Pharmacy Board meeting - 2 February 2022

Title of item	National Pharmacy Boards – standing orders re the capture of votes
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager England Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Robbie Turner
Purpose of item (for decision or noting)	For decision
Headline summary of paper	National Pharmacy Boards – standing orders re the capture of votes

At the Assembly meeting in July 2021 the following was discussed and agreed, (extract from minutes below):-

“RT noted that, for both Board and Assembly meetings, there was an expectation that decisions would be made by consensus, and indeed this tended to be the case for the vast majority of items. However, should a vote need to be taken current Standing Orders for both Assembly and Boards dictated that the voting numbers, rather than names, be recorded unless a vote was taken prior to the vote on the matter in hand to record names. After discussion members agreed that in future names would be recorded for all Assembly votes as a matter of course, with numbers only being recorded if a vote was taken prior to the vote on the matter in question to suspend Standing Order for that part of the meeting. AD clarified that it would be for the Boards to agree whether they wished to similarly change their current standing orders and Assembly members strongly recommended that this be accepted by all three Boards at their next meeting. ACTION – RT”

Action:

The National Pharmacy Boards are asked to agree with the proposal to change the current standing order for the National Pharmacy Boards to align with the amendment to the Standing Orders for the Assembly as indicated below:-

Standing order for the National Pharmacy Boards current wording:-

12.3 On the motion of a member of the Board, duly seconded, names of members of the Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded.

Proposal to amend the Standing Order for the National Pharmacy Board to:-

12.3 If a vote is necessary to resolve a debate it shall be determined by a simple majority of votes cast. Names of members of the National Pharmacy Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded

National Pharmacy Board meeting – 2 February 2022

Title of item	RPS Pharmacogenomics Project
Author of paper	Ravi Sharma
Position in organisation	Director for England
Telephone	020 7572 2737
E-mail	Ravi.Sharma@rpharms.com
Item to be led at the meeting by	Ravi Sharma and Sophie Harding (RPS Genomics and Personalised Medicine Lead)
Headline summary of paper	<p>Following discussions with National Pharmacy Boards in 2021 regarding genomics and personalised medicines, the board recommended that the RPS team focus initially on the area of pharmacogenomics.</p> <p>An action in the National Pharmacy Boards workplan for 2022 is to raise awareness, advocate, and support members in pharmacogenomics. This paper outlines the project plan across 2022.</p>
Purpose of item (decision / discussion)	Discussion and decision
For consideration	The boards to review and agree objectives for RPS Pharmacogenomics Project for 2022.
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 • Limited engagement with members and experts • Limited engagement and collaboration with key stakeholders/organisations
Resource implications	Staff time

RPS Pharmacogenomics Project

Questions for consideration:

1. To review and consider the proposed project objectives
 - a. Are the proposed objectives the ambitions board members would like for RPS in pharmacogenomics?
 - b. Is there anything that has been omitted or needs further consideration?
2. What stakeholder relationships across the three Boards could support and inform the success of this project?
3. How should we measure impact of our pharmacogenomics project?
4. We want to work with board members who have an interest and/or expertise in this area to advise and support the work we are doing and help us lead the profession. We would like each board to nominate one to two board members who act as our points of call throughout the project.

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

The objectives for the RPS Pharmacogenomics Project are to:

1. Review the global evidence, working with stakeholders, experts and members to publish a position statement that includes:
 - a. The roles that pharmacists can play in leading and delivering clinical pharmacogenomics services across England, Scotland, and Wales.
 - b. Barriers and enablers to implementing pharmacogenomics.
 - c. Series of recommendations to help support the profession and drive the implementing and delivery of pharmacogenomics services to improve patient care and safety.
2. Work in partnership with stakeholders to influence and further advance the role of pharmacists in pharmacogenomics across all areas of practice in England, Scotland, and Wales.
3. In collaboration with Pharmaceutical Journal (PJ), pharmacy stakeholder organisations and professional bodies across the world to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics.
4. Become a 'natural home' for all pharmacists with an interest/expertise in genomics and personalised medicine providing support, resources, and educational webinars/events.

5. Launch a professional network to bring together pharmacy teams who are working in or have an interest/expertise in pharmacogenomics via RPS Connect. The network will:
 - a. Share ideas and best practice
 - b. Drive collaborative working
 - c. Shares development opportunities (e.g., events/education support)
 - d. Encourage research opportunities
 - e. Support links with other genomics/pharmacogenomics forums
 - f. Discuss key challenges

The project will have input from various Expert Advisory Groups and Committees to ensure alignment and thinking across the profession and various areas of practice.

Background:

Pharmacogenomics 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 board has agreed that focussing on a project dedicated to pharmacogenomics 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 supports its members and the profession in this advancing area of practice.

During 2021, RPS delivered two webinars on pharmacogenomics for members and the profession working collaboratively with NHS England/Improvement, NHS Scotland, NHS Wales, Royal College of Physicians (RCP), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN), Royal College of Paediatrics and Child Health (RCPCH) and the British Pharmacological Society (BPS).

In January 2022, RPS recruited a project lead for pharmacogenomics, Sophie Harding. RPS have continued to engage with stakeholders and experts in the field to gain insight and advice into our objectives and project delivery plans for 2022, alongside exploring opportunities for collaboration.

Recommendations:

We recommend that the proposed pharmacogenomics project objectives are approved in line with the National Pharmacy Board workplan for 2022. We would value a discussion with board members on the objectives and planned activities.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		RPS Pharmacogenomics Project	Overall RAG
Reporting period		Quarter 1 2022 (January-March)	
Risks / issues/		New project in early stage of set up	
Project deliverables		Progress summary	Next Steps:
1.	Scope and produce workstream plan	Based on proposed objective, draft plans have been developed	To update after board meeting input
2.	Set up internal project team and external stakeholder/expert group to project	Internal project teams identified. Terms of Reference (ToR) and membership identified for external stakeholder/expert group.	To finalise project team and external stakeholder/expert group and set up meetings.
3.	Produce pharmacogenomics position statement	Scoping and draft position statement developed.	Work with boards and external stakeholder/expert group to review and publish.
4.	Develop a dedicated pharmacogenomics RPS webpage for members and the profession	Currently being scoped	To launch the webpage alongside the pharmacogenomics position statement.

Advice requested from Board:	Questions detailed on page 1 of paper
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 2 February 2022

Title of item	Science, Research and Museum update to National Pharmacy Boards
Authors of paper, position in organisation and e-mails	Helena Rosado and Yen Truong, Senior Research Development Managers Helena.Rosado@rpharms.com ; Yen.Truong@rpharms.com , Catherine Walker, Museum Officer Catherine.Walker@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.
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 September 2021 to present.

2. Science and Research Team activities

The Chief Scientist left the Society on the 30 September 2021. Recruitment for a new Chief Scientist is underway. A new Science and Research Officer joined the team in October 2021.

The research team continues to provide planned and ad hoc support to other RPS teams/workstreams, along with our external research work.

2.1. Internal research support services

Mental health and wellbeing: We supported the development and quantitative analysis of the 2021 Workforce Wellbeing survey (launched in October 2021) to inform the final report launched in November 2021.

Community Pharmacy Consultation Service: We continue 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 Zoom, which include responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

We are also currently supporting the development of RPS student internships for 2022.

2.3. e-learning to develop research capacity of pharmacy professionals

We have been successful in securing funding from the National Institute for Health Research (NIHR) to develop a suite of 9 short (45 mins) e-learning modules to develop research awareness and capability in the pharmacy profession. The module content will be written by the research team with support from subject-matter experts (Module Leads) and OCB media (e-learning partner). An outline of the team's activities, to date, is summarised below.

Module	Status
Module 1: Introduction to Research	All module content written and sent to OCB Media for development of the e-learning
Module 2: How to transform your ideas into a research project	Module content currently being drafted by the module lead and the research team
Module 3: Finding and evaluating evidence	Module content currently being drafted by the module lead and the research team; initial draft shared with OCB Media
Module 4: Research methods – an overview	Initial module overview currently being developed by module lead

2.4. Qualified Persons

2.4.1. QP Assessments

	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2021	4	6	3	3	279
2020	6	7	5	2	310
2019	10	8	5	3	317
2018	10	7	5	2	344

With the arrival of Omicron, the QP scheme continues to be managed virtually. Virtual assessments have been well received, with minimal technical difficulties and positive feedback from those involved.

There are plans to restart face-to-face interviews in April 2022, though this is under constant review by the Professional Bodies.

Pre-registration process for QP application to be, formally, implemented in March 2022, with updated QP application forms, Study Guide and Guidance note published end of last year.

2.4.2. QP Symposium

QP assessor panel Chairs and vice-Chairs across the three professional bodies agreed that the QP Symposium should go ahead as a face-to-face event on 11 May 2022, at the BMA House in London. RSB will host the event, with the support

of the RPS events team and SRT. The theme of this year's symposium is 'The Everchanging World of the QP'.

2.4.3. RPS QP Assessors

We have recruited two new RPS assessors. Induction to be completed in the first half of 2022.

2.5. Science and Research Committee and Expert Advisory Groups

Next SRC meeting scheduled for 10 February 2022.

2.5.1. Antimicrobial Expert Advisory Group

Observing the governance procedures of the RPS, an open call for new members and a new Chair was launched in September 2021, running until October 2021. In December 2021, a new AmEAG Chair was appointed, alongside 13 new members of the group. The first AmEAG introduction meeting will be held in early 2022.

3. Museum activities

Summary

The new Museum Microsite has been a key focus for the Museum Officer from September. The website was launched on 15th December and now over 500 objects from the collection can be viewed online. There are four exhibitions available to view on the new site.

The Museum Officer has also developed six new volunteer roles, which we hope will be advertised next year. These will be a mix of in office roles as well as remote roles. Along with the RPG, the Museum Officer is continuing to develop the COVID-19 Oral History Project, which will collect interviews exploring the pharmacy professions experiences on the front line of the pandemic.

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)	1
Collections Enquiry	4
Exhibitions / Flying Boxes	1
External Publicity	
History – Profession / Practice	1
History – Society	1
Internal Publicity	
Merchandise	
Object Identification	2
Offering Donation	2
People & Premises (family history enquiries)	11
Photo Services	4
Professional enquiry	1
Public access enquiry	5
Research Visit	
Therapy / Props / Mat Med	
Unspecified	1
TOTAL	37

3.2. Increasing Status and Influence of the RPS - Museum Activities**Publicity**

- Contributed to the Christmas episode of the Pharma Scene Podcast published on the 17 December 2021.

Collections

- Updated the Collections Development Policy, to allow us to remove objects from the collection, while maintaining best practice standards.

- An exhibition outline has been drawn up for the new museum display for 44 Melville St.
- Museum Treasure articles for Pharmaceutical Journal:
 - 09-2021: Lapis Ludaicus
 - 10-2021: Pastilles de Cocaine a la Tyrothricine

Website

- The Museum Microsite was launched on 15th December. Over 500 objects are available to view online, with four exhibitions
 - Celebrating Women in Pharmacy
 - The History of the Royal Pharmaceutical Society
 - Jacob Bell and the Artists
 - Pharmacy: The Mother of Invention

Volunteers

- Development of six new volunteer roles:
 - Leading Guided Tours
 - Supporting Object Audits
 - Supporting Object Digitisation
 - People and Premises Research
 - Oral History Recording
 - Oral History Transcribing

Partnerships

- Continued to work with the Retired Pharmacist Group on a project to collect Oral Histories relating to COVID-19.

3.3. Social Media

The museum has contributed 16 social media posts that have been posted across the RPS's platforms. This included 4 social media posts exploring the Black History Month.

3.4. People and Premises

Completed research orders in this period: 4

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

National Pharmacy Board meeting – 2 February 2022

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 September 2021 to January 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"> • 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

The objectives of the CRT:

- 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.

Key performance and outputs for the period September 2021 to January 2022

➤ Guidance & Support

Month	Total Enquiries	COVID-19 Enquiries
October	463	0
November	406	4
December	256	14

Total Pharmacy Alerts published: **23**

COVID-19 alerts published: **13**

- COVID-19 Therapeutic Alert-casirivimab and imdevimab in the treatment of COVID-19 in hospitalised patients
- Update on Omicron Variant (England)
- NHS England letter: JCVI advice in response to the emergence of the B.1.1.529 (Omicron) variant: next steps for deployment
- Neutralising monoclonal antibodies (nMABs) or antivirals for non-hospitalised patients with COVID-19
- Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person
- NHS England COVID-19 letters
- COVID-19 Therapeutic Alert
- COVID-19 Therapeutic Alert

- Temporary waiver of 15-minute observation period after COVID-19 mRNA vaccines
- Information for healthcare professionals - Targeted deployment of COVID-19 medicines for non-hospitalised patients
- Changes to COVID-19 self-isolation period- (England Only)
- COVID-19 contacts: guidance for health and social care staff- Wales Only
- Updated JCVI advice for the vaccination of children and young people (England only)

Updates to the COVID pages from September 2021 to date, include:

New guidance

- [New section on Booster doses \(22.9.21\)](#)
- [Role of the pharmacy team](#) - New layout and content on how pharmacy teams can support and target populations (9.9.21)
- New RPS [Position statement](#) on Vaccinating healthy children aged 12 to 15 years (29.9.21)
- New section on Dealing with [vaccine hesitancy](#) inc PDF. This section is targeted at the small percentage who have not been vaccinated (~10%) and is to address common challenges, concerns and barriers and promote the benefits. 5.10.21
- COVID-19 vaccine [dosing interval](#) –new booster vacc section
- New section on [Mandatory Vaccinations](#)

Updates:

- Added [JCVI updated advice](#) (3 September 2021) on COVID-19 vaccination of all children aged 12 to 15.
- [Updated Flu vaccinations and COVID vaccinations - JCVI advise the ComFluCOV trial](#) indicates that the influenza and COVID-19 vaccines may be co-administered.
- Updated [AstraZeneca vaccine and the risk of potential blood clots](#) - JCVI advice (7 May 2021) that those under 40 years of age (without underlying health conditions) should preferably be given an alternative
- All country Government alerts, CMO letters and circulars and NHS England links added where necessary

- [Duration of protection](#) – updated section with newer info from green book 29.9.21
- [Dealing with concerns about side/adverse effects](#) – updated info and added signposting to useful resources, focus on how to respond to public concerns about certain side effects 29.9.21
- [Use in children](#) – made clearer who is eligible 29.9.21
- Added [PJ article Antivirals for COVID-19: five questions that must be answered](#) -21.10.21
- NICE has updated their rapid guideline NG191 on Managing COVID-19 (4th November 2021) to include inhaled budesonide. Added here - [budesonide](#)

Updated and deleted links and info on:

- [Pharmacy services during the pandemic:](#)
- [Managing your medicine supplies during the pandemic](#)
- [Background information links](#)
- [Reflective Account for COVID-19](#)
- [Protecting your team in the pharmacy](#)
- Under Looking after yourself and your team, added section on [rest breaks and wellbeing](#)
- Under [COVID-19 queries](#) deleted sections on
 - COVID and pregnancy (out of date as now lots of info, green book better source of info or could put in clinical section)
 - COVID and children (out of date as now lots of info, green book better source of info or could put in clinical section)
 - Specific drugs and signposted to BNF and NICE and - better more up to date sources of info

Policy and stakeholder

- We have developed and published our policy on [Long Covid](#)

The following consultations have been responded to by the RPS Time period: 31st August 2021 – 13 January 2022 in relation to COVID

- **Consultation on Extending free PPE to the health and care sector**
- It is essential that frontline health and care workers continue to receive free PPE to enable them to undertake patient care safely and effectively. Having effective PPE ensures healthcare teams are protected and prevents workforce shortages which would have a negative impact on patient
- **RPS response to Review of temporary provisions in the Human Medicines Regulations 2012 to support influenza and Covid-19 vaccination campaigns**
Supportive of extending provisions
- **Vaccine uptake in the general population I NICE**
Pharmacists, especially those working in primary care (GP practice, Community and Care Homes) could be better utilised to identify and provide vaccinations in the general population. We would welcome more inclusion of the pharmacy profession within this guideline.
A coordinated approach is extremely important which means a move away from competition between different service providers and having a "place-based" approach to vaccination

Communication highlights

- RPS have had 127 BBC radio mentions in this time period
- In England, Board Chair Thorrun Govind has been interviewed on LFT shortages and the COVID-19 booster rollout programme on television and radio during December and January. This has included on Sky News, BBC News channel and local BBC radio stations around the country, as well as Times Radio
- Ravi Sharma was interviewed by BBC Radio Asia about the booster campaign in early December
- We warned of possible pharmacy teams burnout due to pressures, and linked back to our wellbeing survey, in the [Daily Express](#)
- Thorrun commented on LFT shortages over the Christmas period in [The Times](#) and [BBC News online](#).
- Thorrun gave her 'expert opinion' in December regarding the rise in Omicron COVID cases for the [Daily Mail](#)
- In Wales Board Members Richard Evans and Sudhir Sehwat have been interviewed on BBC Wales and also appeared in Wales online, about the pressure on pharmacists due to LFT shortages in the Community.
- Richard Evans also interviewed by S4C regarding LFTs and staffing.

- News article and comments from Elen Jones on further funding and relaxations to the community contract up until April.

Conclusion:

On 26 November 2021, WHO designated the variant B.1.1.529 a variant of concern, named Omicron, on the advice of WHO's Technical Advisory Group on Virus Evolution (TAG-VE).

Clearly this had potentially significant implications for the Covid Response Team. RPS responded and instigated a daily CRT meeting to discuss the key reactive/proactive topics and to agree the products, services, policy, messages to members.

However, it became apparent early in January that the growing evidence indicated that the Omicron COVID variant was identified more infectious but less deadly.

As softer measures were put in place to tackle this situation, we felt that the situation appeared under control and we stepped down the daily meetings and returned to weekly calls, keeping a watchful eye of the evidence and advice from Governments.

We still believe 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.

Title of item	Independent Prescribing
Author of paper Position in organisation E-mail	Jonathan Lloyd Jones Policy and Engagement lead, Wales Jonathan.Lloydjones@rpharms.com
Headline summary of paper	Update on the progress of the independent prescribing project
Purpose of item (decision / discussion)	For noting
Risk implications	<ul style="list-style-type: none"> • Competitive arena requiring pace and agility across the RPS • Changing policy environment across the 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 aim of the RPS Independent Prescribing Group is to further advance the role and provision of pharmacist independent prescribing across all sectors in England, Scotland and Wales and to provide exclusive RPS Member benefits to support and advance prescribing practice. We aim to achieve this by:

1. Help create an infrastructure which increases the number of practicing PIPS and fully utilises their expertise
2. Implement support and tools to advance the practice of independent prescribing pharmacists
3. Influence the environment for pharmacy independent prescribing through advocacy and influencing change in each of the three GB countries.

Summary of activity /achievements to date

Stakeholder work

- Significant stakeholder work has been undertaken and is ongoing 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, pharmacy education providers and the NHS
 - Regular calls with stakeholders from other healthcare professions, particularly other royal colleges / professional bodies for professionals with prescribing rights.
- Regular engagement with practicing PIPs to showcase their work and explore their views to inform our work.

Sharing best practice

- We have had four Independent Prescribing Showcase events in 2021. The events, designed to showcase practice and inspire pharmacists to become prescribers, features a pharmacist from Wales, England and Scotland. The first focussed on prescribing for common clinical conditions and had 190 registrations. The second for long term conditions with 209 registrations. The third on the update to the [prescribing competency framework](#) had 453 registrants. The fourth event on [working with multi profession teams](#) had 141 registrations. The feedback has been fantastic.
- With mentorship being a key ask for prescribers we have developed an expert mentor page to encourage pharmacist prescribers to use our mentoring platform as mentees and mentors.

- We have planned a joint training event with RCN supporting to support HCP to become DPP. The [first event](#) on 26th of January is fully booked.

Policy

- We worked with the profession to update the RPS Pharmacist independent prescribing policy.
- In order to lobby and amplify our work for PIP we have created campaign through the RPS website

Guidance

- We re-designed the practical guides for pharmacist prescribers page to make the information more accessible.
- On September the 7th we published our updated competence framework for all prescribers
- 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. This workstream identified that further support was needed to help pharmacists to develop their competence to new areas. This project aims to provide this for all professions that prescribe and is using the task and finish group that was used for the competency framework. It will be published by Q4.

Developments

- The English government has pledged to [invest up to £15.9 million](#) over the next four years into a programme to “enhance” pharmacists’ and pharmacy technicians’ skills – including independent prescribing training for some pharmacists.
- Health Education and Improvement Wales (HEIW) has increased the number of independent prescribing training places for community pharmacists from 50 to 60
- The new community [pharmacy contract in Wales announced December 2020](#) introduced a new national independent prescribing service allowing all pharmacist prescribers to treat an extended range of ailments, such as acute infections and provide access to regular ongoing contraception. We attend regular meetings with stakeholder in Wales aimed at facilitating the smooth rollout of the IP provision from Community pharmacy.
- In collaboration with Health Boards, Community Pharmacy Scotland, Robert Gordon University and University of Strathclyde [NES have 244 funded IP training places](#) starting in Scotland in 2022, all now filled.
-

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 PIPs
- Continue to engage with PIP across GB and board members to showcase their work through the RPS and the PJ.
- Work with RPS Connect workstream develop a community of practice that connects & supports prescribing members from all settings and clinical areas.

Conclusion

The Independent Prescribing continues to offer a significant opportunity for the RPS to take a leading role on PIPs across GB. is vitally important to manage and maintain good external relationships throughout this project to ensure that the roles and responsibilities of RPS in this arena can work proactively with key partners such as universities and health education organisations.

National Pharmacy Board meeting – 2 February 2022

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 October to December 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

An Education Strategy that will support and enable delivery of the RPS 5 year strategy (2021-2026) was discussed with and supported by RPS Assembly at the November 2021 meeting. Work is now underway across RPS Teams to implement the strategy through our annual business planning and objective setting process.

One of the cross cutting themes that featured in our education strategy was our approach to research and evaluation relating to our education activity. As a result a project is now underway which will include internal and external stakeholder interviews to enable us to produce a new Education Research and Evaluation Strategy by June 2022.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met on September 21st 2021. The committee debated the extent of accreditation of prior certified learning towards RPS credentials as well as advising on some outstanding aspects of the draft core advanced practice curriculum.

2b Early Careers Pharmacist Advisory Group

There was not an Early Careers Pharmacist Advisory Group in this quarter. The next meeting is scheduled for Jan 2022.

2c External stakeholder meetings

The RPS is actively contributing to implementation and stakeholder groups relating to the new Initial Education and Training Standards and Postregistration Pharmacist Training in Wales and Scotland. We have actively contributed to Health Education England's Community Pharmacy Workforce Survey Steering Group and Pharmacy Technician Strategy Delivery Group. We have participated in the GPhC Initial Education and Training Advisory Group.

3. Initial Education and Training

3a. Students

We have been working with Health Education England and the Work Psychology Group to review the Pre-registration Pharmacist Attributes Framework. The framework is now over 5 years old and is being reviewed to reflect changes in pharmacy practice over this time as well as future changes expected to arise as a result of the new initial

education and training standards. The revised framework should be published in the spring 2022.

3b. Foundation Trainee Pharmacists

Contract to support clinical training for foundation trainee pharmacists

The delivery of clinical training session for Northern Ireland Centre for Professional Learning and Development (NICPLD) foundation training year programme 2021/2022 has commenced. We have delivered two sessions first session, a) cardiovascular and central nervous systems (October), and b) endocrine system and infections (November). Feedback to date has been very positive, examples are provided below:

Clinical module	Example feedback
Cardiovascular and central nervous systems	<i>"RPS [speakers] delivered slides and clinical content really well."</i> <i>"Excellent presentation from experts. Highly clinical and engaging."</i>
Endocrine system and infections	<i>"The guest speakers made the session so informative and worthwhile."</i> <i>"Both speakers were fantastic. They explained everything fully. Would it be possible to request a revision session from them closer to the exam?"</i>

A further 3 sessions will be delivered in early 2022. In addition to delivering clinical sessions, we have provided access to practice questions to NI foundation trainee pharmacists.

E-portfolio for Foundation Trainee Pharmacists in England

Following the initial launch of the HEE E-portfolio for all foundation trainee pharmacists in England in August, phase 2 features were released in September. In this quarter we have focused on the development, build and testing of Phase 3 functions. This includes a new multisource feedback tool, the ability to delete records, and new reporting tools. We continue to provide essential technical support for trainees, designated supervisors, and other users, and support HEE with the delivery of training webinars.

4. Provisional Registration and Postregistration Foundation

4a. Provisional Registration

Guidance and support

As part of our careers event series, we delivered a career in the pharmaceutical industry event for foundation trainees, provisionally registered pharmacists, and early career pharmacists. Approximately 130 delegates joined the webinar; 97% felt that the webinar met their learning objectives and 95% would recommend the event to a colleague. Building on the success of these events, further online careers events will be available 2022.

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) came to an end on 30th September 2021. Over the course of the contract, 9395 learners and 1341 educational supervisors accessed the portfolio. We continued to see some engagement with the provisional registrant pathways in the last quarter of 2021, with 262 members logging in to view their portfolio and complete records. The pathway will close at the end of January 2022 as this is deadline for individuals to be registered with the GPhC.

4b Post Registration Foundation curriculum

GPhC independent prescribing regulations

The RPS Education & Professional Development team inputted into the RPS organisational consultation response to the GPhC. We emphasised that the removal of the two year post-registration experience requirement was essential to allow the operationalisation of the RPS post-registration Foundation curriculum for training providers, allowing the current newly qualified pharmacy workforce to access IP training upon qualification to bridge the new IET standards.

E-portfolio solution

Phase 1 of the RPS post-registration Foundation e-portfolio was completed with a launch in November 2021. Phase 2 functionality has been scoped and tested with release planned for January 2022. The supportive e-portfolio solution includes all supervised learning event (SLE) forms, including patient survey and multi-source feedback functionality, as well as the ability to undertake interim progress reviews with learners as they progress through their training. In addition, reporting functionality on learner progress for training providers has now been developed. Positive feedback has been received from key stakeholders, including NES, on the e-portfolio.

Access to the e-portfolio solution has also been agreed for 1500 users over two years with HEE. This e-portfolio solution will support their various post-registration Foundation training pathways, as detailed below.

The general ethos for the e-portfolio is to ensure consistency with the other RPS portfolio pathways whilst accommodating new functionality to meet the specific requirements of the post-registration foundation programme. We continue to engage with users and focus groups to ensure it meets both learner and training provider needs.

Training programmes

The RPS post-registration Foundation 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.

Updates on the training programmes of which we are aware are below:

Scotland	NES Post-registration foundation programme for newly qualified pharmacists commenced October 2021 supported by the RPS post-registration Foundation e-portfolio . This is 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 has awarded a tender to Cardiff University to deliver an integrated post-registration Foundation programme to commence September 2022 aligned to the RPS curriculum. The initial cohort will be comprised of around 50 learners, with 80% drawn from the community sector.
England	RPS e-portfolio access has been granted to 1500 users in England over the next two years. These licences are to support learners engaging in learning aligned to the curriculum in the hospital sector and those following the CPPE programme for newly qualified community pharmacists working in independents and small/medium multiples (including locums). This supports developing skills to progress to independent prescribing. The University of East Anglia are developing an integrated programme with an expected launch date of June 2022.

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:

RPS Core Advanced

- The RPS Core Advanced curriculum was finalised and signed off for public consultation by the T&F group. The consultation closed on Tuesday 4th January 2022.
- A series of drop in engagement webinars were run for stakeholders to ask questions and points of clarification whilst the consultation.
- We received 43 responses to the consultation, comprised of 22 individual and 21 organisational responses. We are currently analysing responses and preparing a thematic summary for consideration at the Advanced Pharmacist Assessment Panel (APAP) and the Education & Standards Committee (ESC).
- We will now look to draft the final version of the curriculum for launch by the end of Q1 2022 with the supportive core advanced e-portfolio launched by the end of Q2 2022.

RPS Advanced Specialist credential development

Critical care in collaboration with UKCPA

- The advanced specialist critical care curriculum is now in the final stages of drafting in collaboration with the UKCA Critical Care group.
- Discussions with UKCPA about the contractual mechanism through which the collaborative enterprise will be managed are progressing very well with mutually agreed draft heads of terms.
- The advanced specialist critical care curriculum is on track to be out for public consultation by the end of Q1 2022.

Mental health in collaboration with CMHP

- A curriculum draft is progressing with further work required on the purpose statement and credential assessment strategy.
- Progress was slower than anticipated in development given considerable pressures on the service in Q4 2021 affecting stakeholder engagement.
- Discussions with CMHP about the contractual mechanism through which the collaborative enterprise will be managed are still live. We hope to move to a signed agreement by the end of January 2022.

Primary care commissioned by HEE

- The RPS was awarded a commission late in Q4 2021 to develop an advanced specialist primary care credential by HEE. We are currently in the very early stages of setting up the task and finish group to lead this piece of work.
- A high-level summary of progress against planned development timelines is below:

Output	Progress
--------	----------

Core Advanced curriculum	Green
Core Advanced assessment	Green
Specialist CC credential	Green
Specialist MH credential	Amber – contracting mechanism still to be agreed and executed

5a. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data: July-September 2021 and October – December 2021

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
Jul y-Sep t	Consultant Pharmacist Antimicrobial Stewardship	Secondary	England	Approved		
	Consultant Pharmacist West Scotland Cancer Network	Secondary	Scotland	Provisional	TBC	
	Consultant Pharmacist Medications Safety	Secondary	England	Approved		
Oct-Dec	Consultant pharmacist Oncology	Secondary	England	TBC		
	Consultant pharmacist Cardiology	Secondary	England	TBC		
	Consultant pharmacist Antimicrobial Stewardship	Secondary	England	TBC		
	Consultant pharmacist Antimicrobial Stewardship	Secondary	England	TBC		
	Consultant pharmacist Adult Nutrition Support and	Secondary	England	TBC		

	Intestinal Failure (NSIF)					
	Consultant pharmacist Antimicrobials	Secondary	Northern Ireland	TBC		
	Consultant pharmacist Palliative care	Secondary	Northern Ireland	TBC		

5b. Consultant Pharmacist Credentialing

An anonymised summary of the RPS consultant pharmacist credentialing outcomes is below.

We are currently undertaking an in-depth evaluation of the RPS consultant pharmacist curriculum and credentialing process after its first year to ensure:

- The standard is appropriate and aligned to patient/service need whilst being achievable
- The credentialing assessment meets the RPS assessment quality principles and standards

The evaluation will be comprised of a survey to key stakeholder groups as well as small focus groups run by an independent consultant. We will be reporting the early findings of the evaluation to APAP and ESC in Q1.

Consultant pharmacist individual credentialing outcomes 2021

	Window	Sector	Country	Outcome	Ratified date
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	Standard met	29 September 2021
Applicant 5		Primary care	Scotland	Standard met	29 September 2021
Applicant 6		Academia	Scotland	Standard met	29 September 2021
Applicant 7		Hospital	England	Standard not met	29 September 2021

Applicant 8		Hospital	Scotland	Standard met	29 September 2021
Applicant 9		Hospital	England	Standard not met - insufficient evidence	29 September 2021
Applicant 10		Hospital	Scotland	Standard met	29 September 2021
Applicant 11		Hospital	England	Standard not met - insufficient evidence	29 September 2021
Applicant 12		Primary care	England	Standard met	29 September 2021
Applicant 13		Hospital	England	Standard not met - insufficient evidence	29 September 2021
Applicant 14		Hospital	England	Standard not met	29 September 2021
Applicant 15		Hospital	England	Standard not met – insufficient evidence	29 September 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
Sept	Developing high quality evidence of learning for your portfolio – Education domain (1)	31	RPS Member – 29 RPS international member - 2
Oct	Reflections on the credentialing process	42	RPS Member 37 RPS international member – 3 RPS Student / Pre reg - 2
Nov	Developing high quality evidence of learning for your portfolio – Leadership & Management (1)	26	RPS Member – 25 RPS international member – 1

Member feedback summary

Month	Webinar content	Polls	Feedback
Sept	Developing high quality evidence of learning for your portfolio – Education domain (1)	100% agreed the webinar met the learning objectives 100% would recommend to a colleague	“thank you still need a lot of handholding with this so please keep doing the webinars they are appreciated”
Oct	Reflections on the credentialing process	100% agreed the webinar met the learning objectives 100% would recommend to a colleague	“Very informative, I feel more confident to submit my portfolio in future” “Well presented”
Nov	Developing high quality evidence of learning for your portfolio – Leadership & Management (1)	100% agreed the webinar met the learning objectives 98% would recommend to a colleague	Data not available

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 December we had delivered courses to over 6,500 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%. In September 2021, following 12 months of CPCS delivery, we held a workshop with a selection of clinical facilitators and Chairs to review session content, based on Quality data captured from both facilitators and learners, and in light of the evolution of the

service across England, updates, for example overt alignment to the hypertension case finding service in England, were implemented from November 2021.

Antimicrobial Stewardship Training Programme

In November 2021, we delivered a successful digital showcase campaign throughout World Antimicrobial Awareness Week across social media platforms. The aim was to highlight the contribution to AMS of previous learners on our training programme, and thus the key role of pharmacists as leaders in the delivery of AMS strategies. Additionally, we publicised our recently published paper (in an international peer reviewed journal) looking at the outcomes of this cross-sector national training programme. Throughout Q4 we have continued to engage with commissioners to secure funding for the next cohort of learners.

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.

NIHR E-learning for Pharmacists and Pharmacy Technicians

In Q4 2021 we were notified that we had been successful in an NIHR competition to create e-learning programmes to raise awareness and engagement in clinical research across the pharmacy professions. We have recruited module leads to work with our Science and Research Team to create content and partnered with OCB media to develop our content into engaging and interactive e learning content. The full programme of 9 modules are due to be launched in summer 2022

6b. Educational Events

In Q4 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
Sept	CPCS member series (4): Early detection of oral cancers – red flags and treatment	140
Sept	NICE webinar series (3): Chronic Pain and Shared Decision Making	230
Sept	Joint Royal College webinar series (3): Talking points – making every conversation count (shared decision making)	231

Oct	CPCS member series (5): Self-care, safety netting – sore throat and fever	83
Nov	NICE webinar series (4): Atrial fibrillation	443
Nov	Joint Royal College webinar series (4): Pharmacogenomics and the future of medicines safety	197
Dec	CPCS member series (6): Managing common eye conditions	185

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 Q4, we have focused on reviewing data collated across all RPS Live content delivered in 2021, in order to shape content delivery for 2022.

In 2021, 166 live events were delivered as part of RPS Live (excludes CPCS delivery) to almost 15,000 delegates, with 1 in 5 RPS members engaging with an RPS Live event in 2021.

Delegates are polled at the end of every webinar, and overall, 97% of attendees would recommend our events to colleagues.

7. Mentoring

To date we have 1635 registered users on our mentoring platform. 1307 mentees (1045 are active), 505 mentors (414 are active). 1755 mentoring requests have been made (682 are in progress, 291 already completed).

In recent months we have worked with our platform provider to engage with registered users, encouraging them to set up a profile (if not done so) and become active. We

have since seen an increase in conversion from registered to active with an all-time high of 80% of all user types now active.

Mentoring support and resources

We have worked closely with our mentoring development group to develop training content for mentors. We delivered our final training webinar in the series of four events in Q4; the webinar series now forms part of our member webinar library area (catch up and replays), as well as being sign posted to from our mentoring platform.

We also continued planning and co-ordinating our peer support events for experienced mentors, a safe space for established mentors to enhance and refine their mentoring skills and discuss challenges that can arise during mentoring. A summary of webinars and events delivered in Q4 are summarised below:

Event date	Bookings	Example feedback
10 th Nov (Training webinar)	53	<i>"This webinar series has been the best form of development in all my 25 years of practising as a Pharmacist. Thank you RPS."</i> <i>"I have found this series and all the speakers extremely insightful."</i>
1 st Dec (Peer support event)	32 (exceeded max of 20 registrants)	<i>"The session was very useful to meet and share experiences with other mentors."</i> <i>"I will consider joining more RPS webinars"</i> <i>"I was able to gain more knowledge on how to be able to react to situations."</i>

Despite attendance numbers being lower than expected, the feedback received from those who attended our events was extremely positive. We have learned from this experience and in 2022 will focus less on delivering live training webinars but will focus on producing interactive learning content to be hosted in our LMS. We acknowledge how useful the peer facilitated sessions were, thus we will continue to deliver these throughout 2022.

We have additionally recruited a new mentoring advisory group (MAG) to help us shape our mentoring activities and plans going forwards; we held our inaugural meeting on 2nd November chaired by Janet Giberston (Head of Clinical Education, at Cwm Taf Morgannwg University Health Board), who brings a wealth of experience as a chair both at organisational and national levels, and has been a mentor for many pharmacists.

As part of our annual end of year activities we completed a review of the service and conducted analysis of feedback from users of the platform. The review and survey highlighted that mentoring is valued by our members and the platform is simple and intuitive, and the matching process links mentees up with appropriate mentors. We also have a sufficient number of mentors to support the needs of our mentees in all areas of practice. Findings from the review have been used to shape our business plans for 2022 and will inform the mentoring vision and strategy.

National Pharmacy Board meeting – 2 February 2022

Title of item	Policy and Consultations
Author of paper	Heidi Wright, Jonathan Lloyd-Jones, Laura Wilson
Positions in organisation	Policy leads for England, Wales, and Scotland
E-mail	Heidi.Wright@rpharms.com , Jonathan.lloydjones@rpharms.com , Laura.Wilson@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 August 2021 to January 2022 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 developed and published the RPS policy on [Workforce: Improving capacity and culture](#)
- We developed and published the RPS policy on [Improving care, reducing harm and preventing death in People Who Use Drugs: Pharmacy's role](#)
- We developed and published RPS policy on [Pharmacy's Role in Climate Action and Sustainable Healthcare](#)
- We have developed and published our [campaign asks around Pharmacist Independent Prescribing](#)
- We have developed and published our policy on [Long Covid](#)
- We amended and published the RPS policy on [Assisted Dying](#)
- We published a position statement on the creation of a [National Care Service for Scotland](#)
- In England we developed Pharmacy recommendations for Integrated Care Systems
- We 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 developing a policy to highlight the role of pharmacy in tackling health inequalities
- We will continue to develop policies on areas of significance and relevance to pharmacists

- We will be leading the review and update of the [vision for pharmacy in Wales: delivering a Healthier Wales](#)
- Over the first quarter of 2022 we will be reviewing our process for developing policy to ensure standardisation and consistency in the development of RPS policy and to ensure better member engagement.

Consultations

During the period 31st of August 2021 to 13 January 2022 we have responded to 23 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations

- [Amendments to the Poisons Act](#) | Home Office
- [Healthcare regulation: deciding when statutory regulation is appropriate](#) | DHSC
- [Consultation on remote hearings](#) | GPhC
- [Tobacco control strategy for Wales and delivery plan](#) | Welsh gov
- [Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#) | Welsh gov
- [Scrutiny of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022](#) | Welsh gov
- [NHS Scotland Climate emergency and sustainability strategy 2022 to 2026](#) | Scottish Government
- [Draft framework for Chronic Pain Service Delivery](#) | Scottish Government

Other areas

- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, workforce and networking.

- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work 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.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Overall RAG
Reporting period	31 August 2021 - 13 January 2022	
Risks / issues/	None identified	
Project deliverables	Progress summary	Next Steps:
1. Respond to consultations across GB	Responded to all relevant consultations during this time period	Continue to respond to consultations
2. Develop policies in line with National Pharmacy Boards priorities and workplan	Relevant policies developed	Continue to develop policies in line with National Pharmacy Boards' priorities

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Appendix 1: The following consultations have been responded to by the RPS
Time period: 31st August 2021 – 13 January 2022:

Joint CPA & RPS Consultation Response Health Education England Global Strategy Refresh 2022-2025 | HEE

- We welcome this opportunity for Pharmacists to participate in global exchange programmes that develop the workforce and build capacity, as well as improve work quality and patient safety
- The CPA and RPS are keen to continue to work with the HEE further developing programmes and partnerships that help deliver the HEE Global Strategy for the benefit of all patients

Consultation Response to Adult Support & Protection for GP's & Primary Care Teams | Scottish Government

- Our response highlighted that throughout the document only GPs were referred to but that the changing ways of working in practices meant that other healthcare professionals, such as pharmacists, may have more contact with patients than their GP and as such the wording in the guidance should be reviewed.
- Also highlighted that guidance from both the RPS and GPhC should be referenced alongside that from other professional bodies.

Consultation Response from RPS Wales to HEIW Medicines Administration Units | HEIW Wales

- The range of administration routes included in the suite provides a good base of knowledge for support workers involvement in Medicines Management in hospital and community settings in Wales. Highlighted some supportive documents and welcomed the opportunity to work with HEIW to develop the units.

Comment on All Wales Chronic Pain Resources | AWTTTC NHS Wales

- The RPS in Wales fully supports these resources which will be helpful for pharmacists and all healthcare professionals supporting people with chronic pain. Made some suggestions for change.

RPS response to MHRA Point of Care Manufacture Consultation | MHRA

- Agree with the scope of the proposal and principle of control site however further details on the regulatory regime are required. Additional arrangements are required around:
 - Clarity of QP oversight
 - Implementation of the framework.
 - Governance

RPS response to consultation on Expanding access to Naloxone | DHSC

- Strongly supporting expanding access in line with our drug policy.

All Wales COPD Management and Prescribing Guideline | AWTTC NHS Wales

- The RPS in Wales fully supports the updating of this guidance in line with the decarbonisation agenda of NHS Wales. As such, we feel that further information would be useful to add to this document so that it becomes a user-friendly reference for practitioners.

NHS 24 Strategic Planning Survey | Scotland

- We highlighted areas that we feel work well within NHS 24 such as the telephone triage models, and the use of pharmacist's skills.
- We noted where we thought improvements could be made such as easier access for referral into NHS24 from community pharmacy and better use of pharmacist IP's.
- We stated what we felt an excellent service would look like including video triage, seamless communication, and adequate staff with the correct skill mix.

Covid recovery: public health, services, and justice system reforms | Scotland

- We supported the extension or the proposal for permanence of the extension to existing restrictions to allow specific healthcare professionals to administer vaccinations in their own right.

Mental Wellbeing at Work Consultation Response | NICE

- We supported the guidance and stated that to support the implementation of this guidance all health and care staff need to be provided with access to national support for their mental health and wellbeing.
- An additional recommendation that the significance of workforce wellbeing remains a priority for NHSE/I and DHSC and is supported appropriately at a national level and that consideration to facilitate and enable protected learning time for clinicians should be included

Response to T level outline consultation: Pharmacy Services Specialism | Institute for Apprenticeships and Technical Education

- We believe the T level proposal does not align with current and future pharmacy practice
- In addition, there are elements of the GPhC IET standards that are not covered in the T level of accelerated apprenticeship e.g., accuracy checking
- We support the principles of widening participation and encouraging entry to the pharmacy professions via different routes, provided regulatory standards are maintained for public protection.
- We are also mindful of placement capacity and workplace pressures and would seek an assurance that the quality of placements will be guaranteed.

Royal Pharmaceutical Society response to the consultation on making vaccination a condition of deployment in the health and wider social care sector | DHSC

- The RPS actively and strongly encourages all pharmacists to take advantage of the Covid-19 vaccination programme and to get vaccinated unless there is a medical reason why they are unable to. We do not agree with making Covid-19

vaccinations mandatory, as informed and educated choices about health interventions would be more beneficial long-term than enforcing them.

- Highlighted unintended consequences of making Covid-19 vaccination a condition of deployment

RPS response to GPhC Consultation on changes to requirements for training as a pharmacist independent prescriber

- We agree that the two-year time requirement should be removed. Entry to free-standing pharmacist independent prescribing training should be based on whether pharmacists can evidence the necessary skills, knowledge, and experience to undertake the training rather than the period someone had been on the register.
- Supportive of relevant experience in a specific clinical or therapeutic area be removed and replaced with the requirement to have relevant experience in appropriate clinical settings.
- Not supportive of retaining the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning. We know that lack of confidence is a reason many qualified pharmacists are 'inactive' prescribers and feel they can only prescribe in the therapeutic area they were assessed as being competent in during their course.

CORE20PLUS5 approach to reducing health inequalities | NHSE/

- We agree with the CORE20PLUS5 approach
- Whilst we recognise that this programme is being implemented at a system level, we believe that the PLUS element would need to be identified at a place level as within an ICS there can be a mixture of areas in terms of deprivation, homelessness, substance misuse etc. PCNs will be better able to identify their populations that require support in terms of health inequalities. They will be able to identify the areas where the biggest impact can be made
- Pharmacy makes significant contributions to these areas through national campaigns focusing on smoking cessation, cancer awareness and prevention and management of cardiovascular disease. Services such as hypertension case finding, and continuation of smoking cessations services are part of the community pharmacy contractual framework in England
- It is vital that this is a system wide approach, and all health and social care professionals are involved in the design and delivery of services to support the people and groups identified by this process. All the workforce across an ICS will need to be involved to make the programme a success as the reason for health inequalities stems from several factors.
- We shared several examples of pharmacy supporting the reduction of health inequalities

Consultation on a National Care Service for Scotland and associated position statement | Scottish Government

- We supported the creation of a national care service if it resulted in equity of access and improved joining up of services.

- We highlighted that pharmacist's must be involved in the creation of this NCS at both a strategic and patient facing level from the start to ensure success.
- The NCS must have nationally agreed standards to ensure safe systems for prescribing, supply, storage, and administration of medicines in care services. These must be applied by all care providers.
- The NCS must deliver equity of access to high quality pharmaceutical care. This should be supported by a national service specification on the provision of clinical pharmacy input to care homes, care at home services and other supported living services.
- To achieve safe systems for prescribing, supply, storage, and administration of medicines within the NCS, a single shared integrated electronic patient record is needed across health and social care.
- Resources must be directed to pharmacy services to ensure success of the NCS.
- We advocated for leadership roles for pharmacists within the NCS. The consultation describes an Executive Director role for nursing: given the fundamental importance of medicines use in care services, the equivalent role must be created for pharmacy.
- We raised concerns at the lack of detail on proposals to move independent contractors from the NHS to the NCS. We stressed that this could lead to increased variation and less joined up working.

RPS response to consultation on Extending free PPE to the health and care sector

- It is essential that frontline health and care workers continue to receive free PPE to enable them to undertake patient care safely and effectively. Having effective PPE ensures healthcare teams are protected and prevents workforce shortages which would have a negative impact on patient

RPS response to consultation for original pack dispensing and supply of medicines containing sodium valproate

- We particularly welcome this proposal regarding the dispensing of Valproate. Enabling the dispensing of the original valproate pack is an important way of ensuring that patients always get the safety information within and on the original container. This equally applies to other medicines and we believe that the measures suggested in this consultation will improve patient safety overall.
- Consideration needs to be given to community pharmacies that currently have opened packs of medicines since they have supplied the exact amounts as requested on prescriptions. These opened packs will no longer be able to be used so a phased approach to implementation of any changes needs to be taken.
- We believe that giving pharmacists the ability to supply up to 10% more or 10% less than the amount prescribed is the best option as suggested in this consultation document. This has been in place in Scotland for some time and works well.

RPS response to Review of temporary provisions in the Human Medicines Regulations 2012 to support influenza and Covid-19 vaccination campaigns

- Supportive of extending provisions

Survey completed in response to the proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill

- We reiterated our neutral stance on this issue.
- We stressed our desire to see an opt-in register for healthcare professionals with appropriate training and support.
- We requested clarity about what was meant in the consultation about a 'registered healthcare practitioner' as this was not clear.
- The need for the pharmacist involved being an integral part of any MDT involved in an assisted dying situation and not just contacted when the prescription needs dispensed.
- We stressed the need and desire for a conscience clause to ensure no one is ever forced into being part of a clinical decision of this magnitude which they are not comfortable with.

Scottish Government consultation on Suicide Prevention Strategy Development

- We highlighted that timely access to pharmacological and non-pharmacological therapies could be improved. Waiting times can be lengthy and COVID has only worsened this situation.
- The expertise, clinical knowledge, and accessibility of pharmacists across the NHS should be better used within multidisciplinary teams to support people with mental health conditions to help them live longer and healthier lives.
- There is a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies.
- All pharmacists directly involved in patient care must have access to IT systems that are interoperable with other primary care IT systems. This would include read and write access to a full and integrated electronic patient record, to allow pharmacists to fully support patients with mental health conditions
- Everyone in patient facing roles should be trained in mental health first aid and should be mandated to access the training now available to all staff working in health and social care to support Scotland's Suicide Prevention Action Plan.

RPS response to consultation on Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults | NICE

- Comments on this NICE guidance including a concern that this recommendation could lead to patients' appropriate treatment being delayed unnecessarily due to hesitation on the part of the prescriber.

Amending the Road Traffic Act 1988 to allow registered healthcare professionals to complete DVLA medical questionnaires | DVLA

- It is important that others who will be able to take on the task should legislation change are only asked to do this in appropriate situations, such as when they already have a professional relationship with the patient, and this does not just become a delegated task.
- We believe that any healthcare professional undertaking this task should be reimbursed the same amount. If this does not happen there will always be an incentive, and financial pressure, to delegate this task to the lowest paid healthcare professional
- For this to be undertaken effectively, there must be read and write access to a single patient record to enable the clinician completing the questionnaire to have access to all the relevant information

Vaccine uptake in the general population | NICE

- Pharmacists, especially those working in primary care (GP practice, Community and Care Homes) could be better utilised to identify and provide vaccinations in the general population. We would welcome more inclusion of the pharmacy profession within this guideline.
- A coordinated approach is extremely important which means a move away from competition between different service providers and having a "place-based" approach to vaccination.

Depression in adults | NICE

- We endorsed the College of Mental Health Pharmacists response which provided a lot of detailed comments on the draft guidelines

National Pharmacy Board meeting – 2 February 2022

Title of item	Sustainability & Climate Action Workstream
Author of paper	Elen Jones
Position in organisation	Director for Wales
Telephone	020 7572 2340
E-mail	Elen.Jones@rpharms.com
Headline summary of paper	Summary of 2021 Q4 activity and plans for 2022.
Purpose of item	<p>To update on the activity to date and discuss future planned work for pharmacy's role in environmental sustainability and in seeking the implementation of our policy recommendations.</p> <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>
Risk implications	As we plan to undertake a lot of collaborative work in this area, we must ensure the values of the other organisations are in line with ours.
Resource implications	Staff and board time

SUSTAINABILITY & CLIMATE ACTION WORKSTREAM

Background (Reason for activity and ambitions)

Sustainability was identified by the 3 national boards of the RPS as a priority area for 2021. It has again been agreed that it should be a focus of the 2022 business plan.

Activity will focus on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies.

Summary of activity /achievements to date

- Engagement with interested and expert members, NHS and other relevant stakeholders throughout 2021 in order to inform our activity.
- RPS Declaration of Climate and Ecological Emergency & online summary of sustainable business and working practices (published August 2021).
- New RPS policies on sustainability (published November 2021) with a launch event with RPS speakers and expert members from across England, Scotland and Wales.
- New sustainability 'hub webpage' developed with link to our declaration, policies, case studies and member blogs (November 2021).
- RPS Assembly agreement to cease all remaining financial investments in fossil fuels as soon as possible and by the end of 2022 at the latest (November 2021).

Summary of other activity since September NPB meeting

- RPS was a signatory of the Professional Bodies Climate Action Charter launched in October.
- Engagement with the UK Health Alliance on Climate Change in order to lead to RPS membership of the alliance.
- Ongoing engagement with Pharmacy Declares including attendance of meeting in December.
- Meeting with BPSA to explore joint working in 2022.
- Chief Executive presentation to the Healthcare Distribution Association.
- Meetings with NHS England to explore a sustainability 'charter' for pharmacy.

- Meeting with researchers from Reading University to discuss their recent research into re-use of medicines.
- Initial meetings with ABPI to explore joint working in 2022.
- Meeting with the Wales Future Generations Commissioner to discuss policy recommendations.
- Meeting with Natural Resources Wales to discuss pharmaceutical pollution in water.
- Agreement with Scottish Academy of Medical Royal Colleges to work collaboratively on sustainable prescribing in Scotland

Next steps

- Complete divestment from fossil fuels
- Formalise membership of the UK Health Alliance on Climate Change.
- Development of a Sustainability Charter for pharmacy (simple pledges and changes that all members of the pharmacy teams can commit to make their practice more sustainable).
- Highlight RPS Connect (when launched) as resource to spread best practice and encourage collaboration.
- Exploration of an event in November 2022 to highlight best practice – to coincide with COP27.
- Develop and publish a joint statement on sustainability and undergraduate education with the BPSA.
- Arrangements in place for a joint presentation with GHP at the Clinical Pharmacy Congress focused on 'Environmental sustainability leadership in pharmacy'.
- Collaborative work with stakeholders to encourage the implementation of the recommendations made in our policy. Key stakeholders will include:
 - the pharmaceutical industry (with link already made through the ABPI).
 - regulators
 - universities
 - government & NHS across England, Scotland and Wales.

Conclusion:

The NPBs are asked to note the activities over recent months and proposed plans to achieve the overarching goals of spreading best practice and promoting our policy recommendations.

National Pharmacy Board meeting – 2 February 2022

Title of item	Workforce
Author of paper Position Telephone E-mail	Clare Morrison RPS Director for Scotland 020 7572 2220 clare.morrison@rpharms.com
Item to be led at the meeting by	Clare Morrison
Headline summary of paper	Workforce is a workstream within the Country Teams' workplan for 2022. A position statement was produced in December 2021. This paper seeks the Boards' guidance on next steps.
Purpose of item	To discuss the asks in our current workforce statement and set the direction of the new workforce workstream.
For consideration	<ul style="list-style-type: none"> • What are the next steps RPS should take on workforce? <ul style="list-style-type: none"> ○ What are the key asks in our workforce position statement we should prioritise for action first? ○ How should we make the asks in our workforce position statement a reality? ○ What levers should we use to address the issues we have highlighted? ○ What should the overall workforce workstream include? • It is now two months since we published our workforce statement, is there anything additional we should be considering? • How should we measure the impact of our workforce workstream?
Risk implications	<ul style="list-style-type: none"> • Workforce issues are a key priority for RPS members. Not having clear policy asks and taking strong action is a reputational risk with members. • Delivering workforce asks usually requires actions by others such as pharmacy employers and Governments. Therefore achieving impact requires good engagement and collaboration with others.
Resource implications	RPS staff time

PHARMACY WORKFORCE

Workforce is a workstream within the Country Teams' workplan for 2022, as set by the national Boards. The first step was the production of a workforce position statement in December 2021. This paper seeks the Boards' guidance on next steps.

Questions for consideration:

- What are the next steps RPS should take on workforce?
 - What are the key asks in our workforce position statement we should prioritise for action first?
 - How should we make the asks in our workforce position statement a reality?
 - What levers should we use to address the issues we have highlighted?
 - What should the overall workforce workstream include?
- It is now two months since we published our workforce statement, is there anything additional we should be considering?
- How should we measure the impact of our workforce workstream?

What we are looking to achieve:

- The purpose of this discussion is to set the direction of the workforce workstream.
- The aim of the workstream is to improve the workforce situation in pharmacy. This means improving working conditions for pharmacists so that pharmacists are professionally fulfilled, enjoy work, are supported with clear career development and do not suffer unacceptable stress. This will help to retain the current workforce and encourage more people into pharmacy.

Background:

1. Workplan

The RPS Country Team's workplan for 2022 sets a new workstream on workforce which includes engaging with members, the profession and key stakeholders to develop workforce policy asks to encourage people into pharmacy and the wider pharmacy family, and retain our current workforce. The workstream should consider short- and medium-term solutions such as managing workforce and improving working conditions, and long-term solutions such as improved workforce

planning. It will also link with our wellbeing and inclusion and diversity work, and include collaborative working with the RPS Education team.

2. Position statement

In December 2021, RPS published a position statement about the pharmacy workforce, called “*Workforce: improving capacity and culture*”. The statement recognises that the pharmacy workforce is under significant pressure in every sector across Great Britain. The reasons for this are multifactorial and consequently there is no simple solution.

The statement is divided into two sections, with the following headlines:

Actions to improve capacity

1. Prioritise the work that must be done
2. Undertake effective workforce planning
3. Smarter ways of working
4. Invest in the pharmacy workforce
5. Improve pharmacists’ access to patient information
6. Improve multidisciplinary team working

Actions to improve culture

1. Ensure protected time for rest breaks and learning
2. Support flexible working and portfolio careers
3. Improve access to wellbeing services
4. Widening access to pharmacy roles
5. Improve public understanding of pharmacy
6. Fostering leadership and embedding career pathways

The full statement can be accessed here: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/workforce>

Country Boards recognised that the workforce situation differs across the three nations, particularly the availability of workforce data on vacancy rates. In response to this, it was agreed that additional briefings could be produced in each country to build on the GB statement.

In Scotland, the Scottish Government announced in autumn 2021 that it would shortly be holding a Pharmacy Workforce Forum. In response, the Scottish Pharmacy Board asked for a detailed Scottish briefing to be produced quickly. Three focus groups with attendance open to all RPS members in Scotland and meetings with pharmacy stakeholder organisations in Scotland were held. A briefing was produced and approved by the Scottish Pharmacy Board. It has been published in readiness for the Forum and is available:

<https://www.rpharms.com/scotland/workforce-briefing> In addition, we raised the issues in the briefing with the Cabinet Secretary for Health and Social Care at the SNP conference, recording available here: <https://vimeo.com/665529818/f640b358e7>

In Wales, we have been engaging regularly in meetings through HEIW on workforce priorities, and will be considering the urgent needs for Wales over the next few weeks. We will also be considering the longer-term goals needed to help us achieve our 2030 vision goals set out in *Pharmacy: delivering a healthier Wales* through engagement events that RPS will be hosting in March, to set our 2025 stepping-stone goals for the vision.

There has been wide engagement with the Welsh Parliament's Health and Social Care Committee, providing both oral and written evidence to its [inquiry on waiting times](#) and workforce issues.

In England, we have been engaging in meetings with Government, NHS England and Improvement, Health Education England, pharmacy stakeholder organisations and professional bodies on workforce priorities. We have had specific workforce meetings over with NHS England and Improve with pharmacy stakeholder organisations seeking short-, medium- and long-term solutions. We have recently submitted a response to the [Health Select Committee inquiry](#) on workforce.

Recommendations:

Current workforce issues are a key priority for RPS members. It is essential that RPS has clear workforce policy asks and takes strong action to make these asks a reality across GB. It is recommended that this workstream is prioritised for the first half of 2022 and includes frequent input from Board members.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Workforce	Overall RAG
Reporting period		1 Dec 2021 – 13 Jan 2022	
Risks / issues/		New project in early stages of set up	
Project deliverables		Progress summary	Next Steps:
1.	Produce workstream plan		To produce after Board meeting input
2.	Produce workforce statement	Produced and published December 2021	Identify key priority asks
3	Set up internal project team	To be part of wider professional belonging work theme structure. Request for members of smaller group to focus on workforce made.	To finalise project team members and set up meetings

Advice requested from Board:	Questions detailed on page 1 of paper
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 2 February 2022

Title of item	Inclusion and Diversity
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	0207 572 2353
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update – round up of 2020-2021 activity and activity for Q1 and Q2 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 and collaboration 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.

We must have a fair profession where everyone feels they belong for us to best deliver on all of our professional responsibilities.

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 514 members across the profession have joined, demographic data of the group:

- 81% pharmacists, 3.5% pre-registration students, 6% 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
- 72% 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

We have held 9 meetings to date since the launch of the group in 2020. On average we have 20-30 people attend each meeting.

Several 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 and what to do if you have been a victim or witnessed such behaviour. We have developed the following references to date:
 1. [Disability Related Microaggression Reference](#) accompanied by a [workshop](#).
 2. [Race Related Microaggressions Reference](#)
 3. [Gender Related Microaggression Reference](#)

LGBTQIA+ and Age related Microaggression references are due in February and May 2022.

We continue to work with our ABCD reference groups who share their experiences of working in pharmacy and inform us 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 have helped to shape our [disability awareness campaign](#) which we have recently launched.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexual orientation and the importance of inclusive language and not making assumptions. The group also helped to shape PRIDE celebrations and LGBTQIA+ History Month.
 - **Women in Pharmacy Design Group:** volunteers have helped to design the Achieving Gender Equality for Women event held in November.
- b. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. We have produced 46 Inclusion and Diversity blogs so far; examples include individuals sharing their experiences of having a [visible and non-visible disability](#), the [importance of flexible working within the profession](#) and [the role of men as allies](#).

- c. The group have provided feedback to help shape the delivery of our Inclusion & Diversity strategy outcome impact evaluation; to establish what good looks like, how we can measure the positive impact of the RPS Inclusion & Diversity workstream on the profession and areas of improvement.
- d. 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](#) launched in June 2021 has been created with members of our profession, we engaged with 81 individuals through 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 1176 members of the profession. 1096 members have made individual pledges, 21 team pledges and 60 organisational pledges including unions, employees, the NHS, regulators & pharmacy schools. With organisational pledges these result 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 have recently launched the [Pledge Actions Resource](#) which supports pledgees to put their pledge into action.

We held an event in October to showcase good practice and inspire actions of implementing the pledge attended by 20 people. We showcased Superdrug, Kings College University and Robert Gordon University.

Pledge emails have high engagement levels, average open rates for RPS member emails (Pharmacy newsletter) are around 25%, pledge emails open rates range from 45% to 62%. An average click through rate for RPS member emails are 1-2%, pledge emails average 11%.

3. 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
- RPS core advanced curriculum

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.

A formal template and process has been developed which will be taken to Assembly and RPS Executive to be signed off to undertake EQIAs on membership products and external policies.

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

We have raised with the Pharmacy Schools Council (PhSC) on how we can work together to improve undergraduate and registration assessment pass rates for Black students, particularly to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. These conversations are ongoing.

We are engaging with student groups; Black Pharmacist Collective, Black Pharmacist Initiative and African & Caribbean Preregistration Pharmacy Network (ACPN) to scope a RPS hosting a Black Pharmacist Network to support diversifying School of Pharmacy faculties.

We are also ensuring we are showcasing and supporting the sharing of good practices of decolonising the pharmacy curriculum and embedding inclusion and diversity.

We are working with BPSA and Black Pharmacist Collective to deliver the Student Voice at their upcoming Health Education England and PhSC EDI summit.

5. RPS Fellow Panel and Membership Committee

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.

We are working with the RPS Panel of Fellow chair to ensure we are embedding Inclusion and Diversity through the process. We will routinely be collecting EDI data for our panel of fellows.

All RPS Fellow panel members, National Board Members and Expert Advisory Group chair will be expected to attend unconscious bias training and asked to join our ABCD group.

6. Regular, network-led events supporting belonging

We have held a total of 10 virtual webinars over the last year with an average of 35 attendees.

The webinars include White Privilege and Allyship, Women's Health Strategy Workshop and Diversity and Representation in the Leadership of the Pharmacy professions.

Our most recent event held in November was 'Driving Equality for Women in Pharmacy' which had a range of speakers covering a range of topics including women's health and men as allies. It was positively received as we broaden the discussion of gender equality from an intersectional perspective.

7. Professional Collaboration

CPPE

We are working with CPPE to contribute to their cultural competence strategy design groups which consists of three areas.

1. Development of a health inequalities e-learning programme
<https://www.cppe.ac.uk/programmes//health-e-01>
2. Development of a cultural competence awareness campaign for pharmacy professionals: *Seeing you better- Culturally competent person-centred care*. This ran for four weeks from 13 September – 08 October 2021. [Seeing you better: Culturally competent person-centred care \(cppe.ac.uk\)](https://www.cppe.ac.uk/programmes//seeing-you-better)

3. Development of a cultural competence e-learning programme. This will facilitate application of learning from stages 1 and 2 and build on skills for communicating and interacting effectively with people regardless of difference. (currently under design)

RPS Inclusion and Diversity resources as well as the Inclusion and Wellbeing Pledge have been referenced within each of the programmes.

LGBT Foundation

We are working on a Pride in Practice resource which is being developed for community pharmacies to support LGBT people accessing pharmacies as well as pharmacists working with LGBT people.

We will be asking ABCD for volunteers to review this resource.

GPhC

We attended a workshop to discuss an equality guidance for pharmacy owners, to support them in meeting their duties under the Equality Act and the Human Rights Act.

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.

8. Drumbeat Events and Celebrations

Over the last year we celebrated and engaged in important discussions on a number of drumbeat events by showcasing the diversity and intersectionality of our members sharing their experience through blogs, Facebook lives and RPS Local events in collaboration with existing networks. The most recent celebrations have been:

Black History Month

We have celebrated Black History Month with Pharmacy Technicians of Colour, APTUK and members of the profession.

Across the month we undertook the following activities:

- Social media posts on artifacts from the RPS Museum
- A [live series](#) covering a range of topics;
 - Being Black in Britain
 - Pharmacogenomics considerations for black patients
 - The importance of coaching and mentoring
- An evening event with Dr Joan Myers – Celebrating Black History Month – Proud to Be
- Blogs about the experiences of black pharmacists living in Britain including the experience of [Patricia Ojo From nurse to pharmacist by dual career](#)
- [RPS Pharma Scene Podcast](#) championing black pharmacists with Tase Oputu and Adanna Anthony-Okeke
- A range of 30 profiles of Black pharmacists and technicians were posted across the month across Twitter and Instagram.

The Twitter profiles got an average 5% engagement on Twitter, exceeding the average of 1.8% for @rpharms in October. They also led to pharmacists contacting RPS directly to take part.

Trans Awareness Week

To acknowledge Trans Awareness Week Andrew Sommerville and RPS member wrote a blog on the importance of patient care by ensuring we are [providing transgender patients with best quality care](#).

International Men's Day

The theme for International Men's Day was to 'Better relations between men and women' with the aim to improve gender relations and promote gender equality. To support this Ade Williams wrote a blog to support the [important role men play as allies](#).

International Day of people with Disabilities.

We announced our launch of our Disability Awareness Campaign on 19th January.

9. Positive Engagement and Impact

We have seen an increase in engagement and diversity in applying for expert advisory group positions at the RPS.

Following our celebrations of drumbeat events, launch of resources and references and the live events and workshops, we continue to receive good engagement and feedback. Individuals have been sharing their feedback on an increased sense of belonging to the RPS as it has been positive to see an increase in diversity of visibility and representation. We have also seen an international audience engage and attend our events for Black History Month and South Asian Heritage Month.

Blogs on lived experiences receive particularly high engagement across all platforms. The I&D blog pages have consistently high page views, in November 2021 five out of the top 10 most viewed blogs on the RPS site were I&D blogs.

Our microaggression related series has the highest engagement on our I&D pages. Additionally, the Race related microaggressions reference infographics have been used by Canada School of Public Service who have developed a workshop "Advancing the Conversation on Systemic Racism and Racial Discrimination" and the International Institute of Restorative Practices Graduate School is writing a workbook for on how to help people learn how to talk about race in a way that is educational and proactive to address some of the current racial issues we are all facing.

Upcoming Activity in Quarter 1

10. Disability Awareness Campaign

Disability was highlighted as one of the biggest barriers to career progression in pharmacy through our profession wide survey in 2019. We committed to launch a Disability Awareness Campaign to challenge barriers to working in pharmacy which has been shaped by the RPS Ability – volunteers with visible and non-visible disabilities from our ABCD group.

Through the campaign we want to start a profession-wide conversation to raise awareness on visible and non-visible disability in pharmacy. the campaign will also we'll include a specific focus on mental health and long-term conditions.

The campaign will run from January to March 2022 and through this time we will celebrate success stories and ensure people talking about their experiences in their own words, giving a voice to common but underrepresented conditions and experiences. As well as producing a knowledge hub and accessibility checklist.

We must retain talented individuals with disabilities with employers providing them with the right support.

Working with partners, we will set up a roundtable equipped with the right expertise to improve retention, recruitment and career progression for those with disabilities. Working with the RPS Ability reference group we have established the following advocacy points our campaign will focus on:

- Reduce barriers to entry to the profession
- Call for more accessible working environments
- Encourage employers to collect data on disability in the workplace

To start the campaign we've asked for a review of the Higher Education Occupational Practitioners (HEOPS) standards of medical fitness to train for pharmacy students.

The GPhC define the standards of fitness, and HEOPS issue occupational health advice for schools training pharmacy students. RPS has written to both organisations calling for the guidance to be updated to reduce any barriers to entry for students.

We want to ensure pharmacy can attract and retain talented individuals with disabilities. Those who are affected by disability should feel their needs in the workplace are recognised and acted on. Together, we can create a workplace where people with disabilities feel they truly belong.

11.LGBTQIA History Month

Working with the RPS LGBTQ+ reference group we will be celebrating LGBTQIA history month through show casing visible leaders in the profession from the LGBTQIA community – particularly from an intersectional point of view to ensure we are capturing different experiences. Sharing the history of LGBTQIA in Britain and our next ABCD meeting will be focused on celebrating LGBTQIA history.

We will also be launching our LGBTQIA related microaggression guide working with stakeholders across the profession including the PDA LGBT+ Network.

12.Inclusion and Diversity Outcomes Impact 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 will be embedding measures and key performance indicators to continually measure the impact of our 2022 activities to ensure we are collecting data on impact of our operational delivery throughout the year. This includes developing an Inclusion and Diversity reporting dashboard.

13.Advocacy Asks

Our first year of strategy delivery has been focussed on raising awareness of inclusion and diversity within pharmacy and building confidence. Our second year of the strategy we will be continuing to raise awareness and celebrate drumbeat events as they create a sense of belonging across the profession.

We want to bring change and lead the charge for the profession; therefore we will be focussing on policy and advocacy asks on key priorities for each protected characteristic. We will be championing for what the profession needs to flourish and to ensure the changes we would like to see in the profession are being actioned to produce meaningful long-lasting change.

They will be focused on improving the professions experience of working within the profession and reducing inequalities and removing barriers that individuals experience.

Working towards and progress of the advocacy asks will form one of the key elements of our outcomes impact evaluation throughout the year.

We will be working with key stakeholders including the ABCD group to ensure they reflect what the profession needs.

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

We will be running our annual anonymous survey to collect EDI data from our members from February to April. We will be using the data internally to provide us with more information on the demographics of our membership.

Following on from lessons learnt from last years we will be updating the survey and communications to increase responses and engagement.

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.

15.Upcoming activity

The table demonstrates the key deliverables across 2022 for the Inclusion and Diversity programme.

Activity	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Disability Awareness Campaign for Pharmacy				
LGBTQIA+ Microaggressions Related Reference				
Launch of EDI Membership Survey and collating responses				
LGBTQIA History Month				
Working with partners, working groups and our I&D networks to develop guidelines to improve hiring panels				
Age related microaggression reference				
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				
Develop and launch a yearlong campaign to support parents and carers in pharmacy this will also include publishing and promoting family friendly policies for all employees				
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports				
Lobbying and advocating for different groups across the profession to produce long lasting change.				

Throughout the year: advocating and lobbying on behalf of the profession on issues raised on Race, Gender, Disability and LGBTQIA+

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 through
- Working with partners, stakeholder and networks to hold regular, network-led events supporting belonging
- To conduct Equality Impact Assessments on membership products and external policies.
- Continually review RPS Fellowship and National Boards Elections processes and collect EDI data.
- Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Amandeep Doll	Overall RAG
Reporting period		Quarter 1 January - March	
Risks / issues/		<ul style="list-style-type: none"> Lack of engagement with RPS EDI membership survey Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge Staff absence and sickness 	
Project deliverables		Progress summary	Next Steps:
1.	Disability Awareness Campaign	On track	To continue to engage with the profession and highlight to key stakeholders what changes need to be made.
2.	LGBTQIA History Month	Communicating with RPS LGBT+ group and LGBT foundation on campaign timetable	To confirm activity across February
3.	Inclusion and Diversity Outcomes Impact Evaluation	Working with Insight and Analytics Manager to produce an I&D activity dashboard.	To work with Science and Research Team to establish key performance indicators
4.	RPS Member EDI Data Collection	Collating feedback from the previous survey to improve engagement	Working with the comms team to produce a comms plan
5. W	LGBTQIA+ Related Microaggressions Reference	Working with RPS LGBT+ group and PDA LGBT+ for examples	To be drafted and sent for second review and design.
6.	Identify key policy and advocacy asks for different protected characteristics	Currently being drafted with policy and public affair teams	To be send out to key stakeholders impacted to shape and refine.

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 2 February 2022

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in 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	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

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.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change.

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 have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace. We have also published blogs that demonstrate ways in which this can be achieved.

Summary of activity /achievements to date

- Access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020 and 2021
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change
- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Held 4 meetings with the group over 2021. The group has 176 members. You can join [here](#)
- Development of resources highlighted on [RPS wellbeing hub](#)
- Several blogs to demonstrate Workforce Wellbeing in action
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge
- Provided a series of learning sessions and Facebook live events with Pharmacist Support and Mental Health Academy

Next steps

- Focus on key areas that will improve the wellbeing of pharmacists in the workplace
 - Rest breaks
 - Protected learning time
- Continue to work collaboratively with Pharmacist Support and explore opportunities to undertake joint working
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Outline workplan:

Q1 2022	Q2 2022	Q3 2022	Q4 2022
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	Space for additional delivery based on feedback and engagement with members and the RPS Wellbeing Action Group
Engagement and collaboration with key stakeholders around focus areas	Hold roundtable / workshop with key stakeholders to discuss WWB as part of the wider workforce agenda	Develop and launch 2022 Workforce Wellbeing survey if agreed with boards	Analyse results from 2022 survey and publish report
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	Explore with members/WWAG if there is a need for professional guidance or additional support resources for the profession relating to our key priorities	Develop and publish policy asks following survey results
Support implementation of	Support implementation of	Support implementation of	Support implementation of

RPS Inclusion and Wellbeing Pledge	RPS Inclusion and Wellbeing Pledge	RPS Inclusion and Wellbeing Pledge	RPS Inclusion and Wellbeing Pledge
Engagement with members via a Workforce Wellbeing Action Group meeting	Engagement with members via a Workforce Wellbeing Action Group meeting	Engagement with members via a Workforce Wellbeing Action Group meeting	Engagement with members via a Workforce Wellbeing Action Group meeting
Continue to work with Pharmacist Support on joint delivery of events and resources	Continue to work with Pharmacist Support on joint delivery of events and resources	Continue to work with Pharmacist Support on joint delivery of events and resources	Continue to work with Pharmacist Support on joint delivery of events and resources

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Workforce Wellbeing	Overall RAG
Reporting period		September 2021 – January 2022	
Risks / issues/		<p>Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice</p> <p>Working with key stakeholders to bring about long-lasting change</p>	
Project deliverables		Progress summary	Next Steps:
1.	Develop detailed workplan for 2022	Currently under development as part of wider workforce programme of work. Two areas of focus have been identified – rest breaks	To develop action plans for the two areas of focus

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		and protected learning time.	
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Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

English Pharmacy Board meeting - 2 February 2022

Title of item	English Pharmacy Board Elections 2022
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager England Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Ravi Sharma
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on English Pharmacy Board elections 2022

National Pharmacy Boards' Elections 2022 - England

1.2022 Elections

The term of office for the following Board members who were elected for three years in 2019 comes to an end at 11.59pm on the 20 June 2022.

**Sibby Buckle
David Carter
Andre Yeung
Duncan Petty
Tracey Thornley**

There will therefore be **5 places** to be filled in the forthcoming 2022 elections.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2022.

3. Election Scheme

All details pertaining to the 2022 election can be found in the Election Scheme for 2022 at [Who We Are | RPS \(rpharms.com\)](https://www.rpharms.com/who-we-are)

4. Risk implications

Reputational risk if a robust process is not followed.

5. Resource implications

All costs have been accounted for in the budget for 2022.

**Ravi Sharma
Director for England
Returning Officer for the English Pharmacy Board Election**

Scottish Pharmacy Board meeting - 2 February 2022

Title of item	Scottish Pharmacy Board Elections 2022
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Carolyn Rattray Business Manager, Scotland Carolyn.rattray@rpharms.com
Item to be led at the meeting by	Clare Morrison
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on Scottish Pharmacy Board elections 2022

National Pharmacy Boards' Elections 2022 - Scotland

1. Background

2022 Elections

The term of office for the following Board members who were elected for three years in 2019 comes to an end at 11.59pm on the 20 June 2022.

**Brian Addison
Kathleen Cowle
John McAnaw**

There will therefore be **3 places** to be filled in the forthcoming 2022 elections.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2022.

3. Election Scheme

All details pertaining to the election can be found in the Election Scheme for 2022 at [Who We Are | RPS \(rpharms.com\)](https://www.rpharms.com/who-we-are)

4. Risk implications

Reputational risk if a robust process is not followed.

5. Resource implications

All costs have been accounted for in the budget for 2022.

Clare Morrison

Director for Scotland

Returning Officer for the Scottish Pharmacy Board Election

Welsh Pharmacy Board meeting - 2 February 2022

Title of item	Welsh Pharmacy Board Elections 2022
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Cath Ward Business Manager, Wales Cath.ward@rpharms.com
Item to be led at the meeting by	Elen Jones
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on Welsh Pharmacy Board elections 2022

National Pharmacy Boards' Elections 2022 - Wales

1. Background

2022 Elections

The term of office for the following Board members who were elected for three years in 2019 comes to an end at 11.59pm on the 20 June 2022.

Jamie Hayes
Ruth Mitchell
Sudhir Sehwat

There will therefore be **3 places** to be filled in the forthcoming 2022 elections.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2022.

3. Election Scheme

All details pertaining to the election can be found in the Election Scheme for 2022 at [Who We Are | RPS \(rpharms.com\)](https://www.rpharms.com/who-we-are)

4. Risk implications

Reputational risk if a robust process is not followed.

5. Resource implications

All costs have been accounted for in the budget for 2022.

Elen Jones
Director for Wales
Returning Officer for the Welsh Pharmacy Board Election

National Pharmacy Board meeting – 2 February 2022

Title of item	Public Affairs
Author of paper Positions in organisation E-mail	John Lunny, Iwan Hughes, Ross Barrow, Ross Gregory Public Affairs Leads John.Lunny@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, sustainability, workforce and pharmacy education.
- The RPS continues to have discussions with NHS and other stakeholders on NHS reforms in England. The **Health and Care Bill** is being considered in Parliament and we are advocating for the legislation to consider how Integrated Care Systems engage with pharmacy and other health professions, in discussion with professional bodies and pharmacy organisations.
- RPS England has submitted written evidence to the **Health and Social Care Committee** in response to two new inquiries on workforce and the future of general practice.
- 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 has been launched, with a virtual session and AGM held with MPs and Peers in December. Further sessions are planned in the coming months.
- RPS England met with the new **Pharmacy Minister** in December. We have written to the new **Shadow Secretary of State for Health and Social Care**.
- Parliament passed legislation for **mandatory COVID-19 vaccinations** for staff in CQC-regulated activities in England, despite some MPs expressing concerns on the potential impact on workforce. This comes into force on 1 April, with some unions calling for a delay. NHS England has published guidance and FAQs for staff.
- We welcomed the appointment of the new **Chief Pharmaceutical Officer** for England.
- We continue to support the work of the **Prescription Charges Coalition** in England. We have expressed concern at the Government's plan to raise the qualifying age for free prescriptions to 66, including in the media. An announcement is expected from the Government in due course.
- In November we published recommendations on the roll-out of the **Community Pharmacist Consultation Service**, co-badged with RCGP, following a roundtable with NHS, GP and pharmacy leaders.

- Our new **Head of External Affairs** has been appointed in Scotland.
- There has been wide engagement with the **Welsh Parliament's Health and Social Care Committee**. We provided both oral and written evidence to its inquiry on waiting times and have also provided written evidence to inquiries on workforce, winter planning and hospital discharge.
- Hospital pharmacy visits have taken place with **Members of the Welsh Parliament's** newly formed health committee following the May election. We also met with a member of the climate change committee to encourage an inquiry into healthcare and sustainability - this will be taken forward within the next two years.
- RPS Wales have maintained regular contact with the **Welsh Government** via the Chief Pharmaceutical Officers and his deputies. These regular meetings were used to keep us up to date on development around the new community pharmacy contract and to discuss RPS Wales' role in leading an updated version of the vision for pharmacy in Wales.
- RPS Wales gave a presentation on the future role of community pharmacy to a **Wales Policy Forum conference focused on priorities for healthcare in Wales**. Other speakers the Welsh Government's National Clinical Director, the Chief Executive, Healthcare Inspectorate and the RCN Director in Wales.
- In November, **Clare Morrison took part in an hour-long discussion with the Scottish Government Cabinet Secretary for Health and Social Care** focused on workforce pressures across health and social care. Clare impressed upon the Cabinet Secretary the key messages from RPS Scotland's workforce statement including:
 - Retain staff by looking after them better
 - Improve capacity by enabling teams to work better (skill mix, digital)
 - Take long-term action to increase the workforce

The session was recorded and is available at:
<https://vimeo.com/665529818/f640b358e7>
- **The Scottish Pharmacy Board has now signed off Pharmacy 2030**, which is a bold vision for the future of pharmacy in Scotland. The vision will be launched at the Board meeting in February, and a programme of engagement with members, Government, Parliamentarians, the media and partner organisations will commence. The vision includes the following themes:

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- Pharmacy teams providing person-centred holistic care
- Pharmacy teams optimising therapeutic outcomes through prescribing, monitoring, reviewing, adjusting and stopping medicines
- Pharmacy teams working together across sectors to deliver seamless care for patients
- Pharmacists being recognised as medicines experts taking leadership of prescribing and medicines governance in all care settings

Next steps

- The RPS will continue to engage with a range of stakeholders as we support the profession during the COVID-19 pandemic.
- Teams will be supporting stakeholder engagement as part of policy and pharmacy vision work in each country.

English Pharmacy Board meeting – 2 February 2022

Title of item	EPB Elections 2023 and beyond – number of nominees
Author of paper	Yvonne Dennington
Position in organisation	Business Manager – England
Telephone	0207 572 2208
E-mail	Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Ravi Sharma, Director for England
Headline summary of paper	EPB Elections 2023 and beyond – number of nominees
Purpose of item (decision / discussion)	Decision on whether to reduce the number of nominees for election candidates
For consideration	EPB members are asked to decide on one of the 3 options in the paper <ol style="list-style-type: none"> 1. Continue with the current requirement of 10 nominees 2. Reduce the requirement to 5 nominees 3. Propose an alternative option with appropriate reasoning
Risk implications	Reputational
Resource implications	None – elections are budgeted for every year.

EPB Elections 2023 and beyond– number of nominees

Questions for consideration:

The English Pharmacy Board are asked to decide on the following three options:

1. Continue with the current requirement of 10 nominees
2. Reduce the requirement to 5 nominees
3. Make other suggestions with appropriate reasoning

Note: If a decision is taken to change the number of nominees required for a candidate in the English Pharmacy Board Elections this would not take effect until the 2023 elections, as the Election Scheme for 2022 has already been approved by the Assembly at its November 2021 meeting.

What we are looking to achieve.

A decision on the number of nominees required to support members standing for election. This follows requests for a paper to be presented on this topic to allow EPB to consider the options.

Background:

Feedback on the 2021 National Pharmacy Board Elections was discussed at a debrief meeting convened by the Governance Manager. At this meeting one of the suggestions put forward was for the number of nominees required to support the nomination of the candidates should be reduced in the English Pharmacy Board elections. Some of the discussion points raised were:-

- To make standing for election more equitable for all, including those who are in their early career years in the profession
- To make the process of submitting an application for candidacy easier
- Streamline the administrative checks staff and election scrutineers carry out
- The current requirement for 10 nominees for England is perceived to be excessive in comparison with Scotland (3 nominees required) and Wales (1 nominee required).
- Reducing the number of nominees may improve access and encourage more people to stand for election.
- There should be some 'challenge' to standing for election. Being a board member is an important and challenging role representing views of our membership.
- Gaining ten nominees should not be difficult for people who are serious about engaging with members.
- The England electorate is much larger than Scotland and Wales so it is correct that the numbers needed to nominate are also larger.

Recommendations:

There is no specific recommendation.