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

Present

**English Pharmacy Board**
Thorrun 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), Catrion 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**
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), Ruth Mitchell (WPB) running late

<table>
<thead>
<tr>
<th>21/09/01.</th>
<th>Welcome and address from CEO/President</th>
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<tr>
<td>Chair: EPB, Led by CEO/President</td>
<td>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.</td>
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<thead>
<tr>
<th>21/09/02.</th>
<th>Apologies</th>
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<tr>
<td>Chair: EPB, Led by: Chair, EPB</td>
<td>Apologies were received from Sibby Buckle EPB; Brian Addison SPB, Tamari Cairney SPB. Ruth Mitchell WPB gave apologies for running late.</td>
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<thead>
<tr>
<th>21/09/03.</th>
<th>Declarations of interest</th>
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<tr>
<td>Chair: EPB, Led by: Chair, EPB</td>
<td>(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.</td>
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<tr>
<td>Chair: EPB, Led by: Chair, EPB</td>
<td>(Paper: 21.09/EPB/04)</td>
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The English Pharmacy Board (EPB)

accepted as a true and accurate record

the minutes of the formal EPB meeting held on 22 June 2021.

approved by (Alasdair Jones) and seconded by (Martin Asbury).


The Scottish Pharmacy Board (SPB)

accepted as a true and accurate record

the minutes of the formal SPB meeting held on 22 June 2021.

approved by (Andrew Carruthers) and seconded by (Audrey Thompson).

Minutes of the Welsh Pharmacy Board Formal Business meeting (voting), held on 22 June 2021. (Paper: 21.09/WPB/04)

The Welsh Pharmacy Board (WPB)

accepted as a true and accurate record

the minutes of the formal WPB meeting held on 22 June 2021.

approved by (Cheryl Way) and seconded by (Dylan Jones).
### Minutes of the National Pharmacy Boards’ (NPB) Joint Formal Business meeting, held on 23 June 2021. (Paper: 21.09/NPB/04)

The National Pharmacy Board (NPB)

accepted as a true and accurate record

the minutes of the formal NPB meeting held on 23 June 2021.

approved by (Andre Young) and seconded by (Martin Asbury).

<table>
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<tr>
<th>Date</th>
<th>Matters</th>
<th>Details</th>
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| 21/09/05 | **Matters arising** (Paper: 21.09/NPB/05) | Chair: EPB, Led by: Chair, EPB
NPB members were advised that concerns had been raised around the naming of Primary Care, and Community Pharmacy expert advisory groups.  

**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.

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| 21/09/06 | **Sustainability** (Paper: 21.09/NPB/06) | Chair: WPB, Led by: Elen Jones, Director for Wales
The NPB noted the progress work to date and were informed of some additional pieces of work as follows: -

- 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

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.
NPB members endorsed the decision to adopt recently published Professional Bodies Climate Action Charter, developed by Professional Associations Research Network (PARN).

NPB members were are 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.

NPB members agreed to RPS membership of the UK Health Alliance on Climate Change (UKHACC).

**Action** – Team to subscribe RPS to the membership of the UK Health Alliance on Climate Change (UKHACC)
**Action** – Revisit RPS membership of the UK Health Alliance on Climate Change (UKHACC) on an annual basis
**Action** – A Project Plan to be developed so that membership have a clear idea of the direction of travel

### 21/09/07. Pharmacy workforce shortages (Paper: 21.09/NPB/07)
Chair: SPB, Led by: PA team

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.

**English Pharmacy Board breakout session**

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:-
- 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
now and future. NHS bodies in England should emulate Scotland and Wales in its data collection. Data must include locums.

- 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

No feedback on the EPB breakout session was taken at the meeting, but EPB will reflect and discuss at a future meeting.

**Scottish Pharmacy Board breakout session**

The key themes discussed were noted as:

- 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.
- 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.

No feedback on the SPB breakout session was taken at the meeting, but SPB will reflect and discuss at a future meeting.
**Action:** Hold focus groups with the membership to gather views on workforce issues

**Welsh Pharmacy Board breakout session**

The key themes in discussion were:

- 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.

No feedback on the WPB breakout session was taken at the meeting, but WPB will reflect and discuss at a future meeting,

**21/09/08.** **Wellbeing** (Paper: 21.09/NPB/08)
Chair: EPB, Led by: Heidi Wright, Practice & Policy Lead, England

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.
HW gave a short synopsis of the paper and asked for feedback on the three questions asked in the paper.

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.

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.

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.

Board members were broadly in agreement that prevention should be the focus of the Workforce Wellbeing programme over the coming year.

HW thanked the boards for the helpful discussion.

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<th>21/09/09.</th>
<th><strong>Inclusion &amp; Diversity</strong> (Paper: 21.09/NPB/09)</th>
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<td>Chair: WPB, Led by: Amandeep Doll, Head of Professional Belonging/Ravi Sharma, Director for England</td>
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<td>AD introduced the paper saying that the current focus is on evaluating the implementation of the RPS I&amp;D strategy so far. AD asked the board to consider the three questions in the paper.</td>
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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.

Discussion continued around outcome measures with some comments listed below:-
- 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.

AD thanked board members for their contributions.

20/09/10. Papers for noting:
Chair: EPB, Led by: Chair, EPB

The NPB members noted the following items and corresponding papers 21.09/NPB/10 (a) - (j).
(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.

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.

(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

20/09/11. Any other business
Chair: SPB, Led by: Chair, EPB

There was no other business to be discussed.

21/09/12. Dates of next National Pharmacy Board meetings for 2022
Chair: WPB, Led by: Chair, WPB

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

(Please Note: there is an option for an additional Board meeting if required for the English Pharmacy Board)
The meeting closed at: 11.20am
### Action list

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<thead>
<tr>
<th>Item No</th>
<th>Action</th>
<th>By Whom</th>
<th>By when /Open/Closed</th>
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<tr>
<td>21.09.05</td>
<td>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</td>
<td>Chairs PC/Comm EAG/Board members</td>
<td>February - Open</td>
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<tr>
<td>21.09.06</td>
<td>Team to subscribe RPS to the membership of the UK Health Alliance on Climate Change (UKHACC) and 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</td>
<td>Sustainability Project Team NPB Sustainability Project Team</td>
<td>September 2021 - Open September 2022 Open February - Open</td>
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<td>21.09.07</td>
<td>Lobby the membership re: views on workforce issues, gather available data around increased vacancies and use this to inform policy to present to ScotGovt.</td>
<td>Team Scotland</td>
<td>November - Open</td>
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