ROYAL PHARMACEUTICAL SOCIETY

OPEN BUSINESS

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the Open business meeting held on Tuesday 28 June 2022, at 9 am, by Zoom.

Present

English Pharmacy Board
Thorrun Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Ewan Maule (EM), Erutase (Tase) Oputu (EO)

Scottish Pharmacy Board
Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, William (Iain) Bishop (IB), Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Kelsey Drummond (KS), Josh Miller (JM), Richard Shearer (RS), Jacqueline Sneddon (JS), Jill Swan (JW), Audrey Thompson (AT), Lucy Dixon (LD) (from 10.15am)

Welsh Pharmacy Board
Cheryl Way (CW) Chair, Eleri Schiavone (ES), Vice Chair. Helen Davies (HD), Richard Evans (RE), Geraldine Mccaffery (GM), Gareth Hughes (GH), Liz Hallett (LH) Rhian – Lloyd Evans, (RE)

Invited Guests
Paul Day – Pharmacists Defence Association (PDA)
Bruce Warner – Deputy Chief Pharmaceutical Officer for England
Alison Strath – Chief Pharmaceutical Officer for Scotland
Priyanka Patel – President, BPSA
RPS Member observers

unapproved

RPS Staff

Paul Bennett (PB) Chief Executive, Ross Barrow (RB) Head of External Affairs, Scotland, Corrine Burns (CB) PJ Correspondent, Sarah Crawshaw (SC), Clinical Fellow, 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, Alwyn Fortune (AF) Policy and Engagement Lead, Wales; John Lunny (JL), Public Affairs Lead, England, Clare Morrison (CM), Director for Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Black (RB), Pharmacy Engagement Manager, Cath Ward (CW), Business Manager, Wales, Heidi Wright (HW), Practice and Policy Lead, England, Ross Gregory (RG), Head of External Affairs, Wales.

Apologies

Michael Maguire (MM), (EPB)
Paul Summerfield (PS) (EPB)
Dylan Jones (DJ) WPB
Elly Thomas (ET) WPB
Lowri Puw (LP) WPB
Lucy Dixon (LD), (SPB) apologies until 10.15am

22/06/01.	**Welcome and address from CEO/President** Chair: Andrew Carruthers (AC), Chair, English Pharmacy Board (SPB). Led by: Paul Bennett (PB) and Claire Anderson (CA) The chair welcomed board members, observers, and staff to the meeting. Claire Anderson (CA) President and Paul Bennett (PB) the CEO offered a warm welcome to new board members.	
22/06/02.	**Apologies** Chair: SPB, Led by: Chair, SPB **EPB –** Michael Maguire (MM) and Paul Summerfield **WPB** - Dylan Jones (DJ), Elly Thomas (ET), Lowri Puw (LP) **SPB** - Lucy Dixon (LD), (SPB) apologies until 10.15am	

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22/06/03a.	**Declarations of interest** (Papers: 22.06/EPB/03a, 22.06/SPB/03a and 22.06/WPB/03a). Chair: SPB, Led by: Chair, SPB It was noted by BM's that some board members had a dual role associated with the PDA, but that these were declared under the relevant declarations of interest. It was noted that details from 3 members of WPB were yet to be added – Lowri Puw (LP), Liz Hallett (LH), Rhian Lloyd – Evans (RLE).	
22/06/03b.	**Powers, Duties and Functions of the National Pharmacy Boards** (Paper: 22.06/NPB/03b) Chair: SPB Led by: Chair, SPB The National Pharmacy Boards **noted** The item: Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.06/NPB/03b).	
22/06/04a.	**Minutes of the National Pharmacy Boards' (NPB) Joint Formal Business meeting, held on 2 February** (Paper: 22.06/NPB/04a) Chair: SPB, Led by: Chair, SPB The National Pharmacy Board (NPB) **accepted as a true and accurate record** the minutes of the formal NPB meeting held on 2 February 2022. **Approved by:** Claire Anderson **Seconded by:** Iain Bishop	

unapproved

22/06/04b	**Minutes of the National Pharmacy Boards' (EPB/SPB/WPB) Open Business meeting, held on 8 June (SPB), 21 June (EPB), 22 June (WPB)** (Paper: 22.06/SPB/EPB/WPB/04a) Chair: SPB, Led by: Chair, SPB The National Pharmacy Board (NPB) **accepted as a true and accurate record** the minutes of the held on **Open Business meeting, held on 8 June (SPB), 21 June (EPB), 22 June (WPB)** **English Minutes Approved by:** Claire Anderson **English Minutes Seconded by:** Adebayo Adegbite The Scottish and Welsh minutes were not presented for approval at this stage.	
22/06/05.	**Matters arising** Chair: SPB, Led by: Chair, SPB There were no matters arising and all actions have been closed.	
Advancing professional practice		
22/06/06a.	**Vision work** Chair**:** Andrew Carruthers (AC), Chair, Scottish Pharmacy Board (SPB), Led by: Country Directors **Wales** Elen Jones (EJ) presented an update on Pharmacy Vision for Wales: Setting the direction to 2030. Highlights noted as follows: • Wales launched the Pharmacy Delivering a Healthier Wales Vision (PDaHW) in 2019, which is aligned to the Welsh Government Strategy • It is for all sectors of the pharmacy team • RPS Wales led the process on behalf of the Welsh Pharmaceutical Committee	

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	• Welsh Pharmaceutical Committee have ownership of the vision, and will have ultimate sign off for the 2025 goals • PDaHW Delivery Board is responsible for shaping and influencing goals & overseeing implementation • The four themes for 2030 are Enhancing patient experience, Developing the pharmacy workforce, Seamless pharmaceutical care and Harnessing innovation and technology • The 2025 goal setting exercise is well underway and face to face and virtual engagement events have been held across Wales throughout May and June. Thanks to the WPB for their participation and support at the events. • RPS are now in the goal setting process. These draft goals will be the subject of a consultation in July and August. This will include setting measures. • RPS Wales and Welsh Government have created a micro site and Welsh Government have set up a delivery board. • Seed funding has been awarded to projects that enhance the PDaHW agenda. • Work is also ongoing with HEIW on urgent workforce issues **Scotland** Clare Morrison (CM) presented an update on the Pharmacy 2030 a professional vision Highlights noted as follows: • Scotland launched the Pharmacy 2030 a professional vision in Feb 2022 • Meetings have been held with all pharmacy organisations including CPhO, DoPs, GPHC, CPS, CCA, NPA, PDA, RPS EAGs • Discussions have been held with other organisations to include QIPP and other Educationalists, and RCGP and Strathclyde Research Group • Events have been held - launch event in March, personal centred care event in April and May face to face event where examples of good practice were celebrated, at which delegates were able to vote on the best example of good practice. The winner will be speaking at the RPS annual conference. Thanks to SPB for helping and supporting the events. • RPS presented Pharmacy 2030 at the annual NHS Scotland Event in June.	

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- Lobbying has continued and has included an appearance at the health, social care and sport committee, with individual MSP discussions.
- A Parliamentary reception was held on 8th June.
- Next steps – focus on the key enablers

England

Heidi Wright (HW) presented an update on the RPS England and The King's Fund "The Vision for Pharmacy Practice in England"
Highlights noted as follows:

- The vision work is at an earlier stage than in Scotland and Wales
- Working in collaboration The King's Fund to deliver the project
- In scope of the project will be to develop an accessible, professionally led, high impact vision of what pharmacy could look like and how pharmacy can support the delivery of personal centred care
- This will be achieved by working with key stakeholders and Integrated Care System leaders to develop guidance for implementation
- Raise the profile of pharmacists, building on their contributions throughout Covid19 pandemic
- Strategy and delivery plan in place to engage with members, other professions and patients etc
- Open consultation on the themes of the vision will take place over the summer. There will be face to face roadshow events on key themes London, Midlands, North and Southwest in September, and additional virtual events in September
- Review analysis and write up of the vision will take place post consultation and roadshows.
- All events will be on the events web page and the vision web page for England
- Publish vision and guidance for implementation t in December 2022.

Open discussion

- EPB BM's asked that with the Transformation of Primary care insights how will this effect vision reforms England? RS responded that RPS are working closely with DHSC and NHSE– and that all will align.

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	• Three separate country visions and 3 sets of engagements - how will they all align? In response the CD's advised that they meet regularly, and although the detail underneath will need to slightly different, the visons will be brought into line. There are many golden threads linking the 3 visions giving natural commonality. We should not be considering one document for a RPS vision but rather recognise the nuances due to devolution and lobby for change in each country. • Welsh vision has lots of references to RPS policies and other counties have followed this lead	
22/06/06b.i	**Strengthening pharmacy Governance** Chair**:** Thorrun Govind (TG) Chair, English Pharmacy Board (EPB), Led by: Elen Jones, Director for Wales The NPB members were asked to consider the paper produced and come to a decision as to whether to accept this as a GB RPS position statement on Strengthening Pharmacy Governance. **Discussion on the overarching statement** In general, the NPB members were supportive of the statement and overarching principles, with the following points to be noted. • There were conflicting views on the penultimate sentence regarding what components should be kept as legislative, some BM's felt that the line should be removed, and others supported keeping the statement in. The changes relate to sale and supply and are nothing to do with services provided. • Some expressed a view that the statement leaves things open to interpretation and this needs to remain in legislation moving it into regulation comes with risks. PB made clear that regulation was secondary legislation working within a framework and not guidance – it was suggested that a footnote be added making the distinction clear. • BMs in general supported the two final statements remaining as it puts in additional safeguards • Supportive of the importance of supporting guidance.	

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	• Legislation in the most appropriate place. Misinterpretation by leaving it open • Comments made around controlled drugs comparison between made relating to delivery drivers being able to hand out but not pharmacy techs **Discussion regarding the eight points supporting the RPS statement** **Principle 1** • Regarding the accessibility of pharmacists etc - many BM's raised concern about how RPS protect the wellbeing and breaks for pharmacists and suggested expanded access to patients through technology. All agreed that the sentence should be reframed to protect pharmacists • Availability needs to be within a reasonable time frame – maybe with an appointment. There is a need to manage expectations of the pharmacists and by appointment on occasions will enable breaks and enhance wellbeing – but accessibility to a pharmacist is the selling point • Patient safety must never be compromised • Accessibility doesn't mean anytime anywhere - RPS must protect pharmacists to ensure that they are not pulled in too many directions **Principle 2** • Small amend suggested changes required when medicines are handed out when the pharmacist is absent – clarity required that must be signed in – suitably trained staff to hand out when responsible pharmacist is not present • Overarching supervision by pharmacist - small tweak is needed to expand wording on top of second paragraph – that only legislative change that is needed • Locum pharmacist is the responsible pharmacist on the day and is responsible for delegation **Principle 4** • Current legislation suggests this is a barrier– Some BMs suggested to remove the sentence others thought it should remain and didn't see it as a barrier. • Regarding patient safely there are highly trained teams, and this is already be seen for example with the vaccination programmes • Legislation does not currently prevent delivering services – would be good to get to the stage whereby we are delivering so many services that we will need a 2nd	

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	pharmacist – confident that current framework allows for professional judgement and decision making. **Principle 6** • in terms future software digital principle seems a bit light –there is a vast scope of developments coming through the pipeline **Principle 7** • Handing out meds that are checked and signed – empower following SOPs • Issues with supervision that was set up a long time ago – not fit for purpose – need a complete review of what is needed • Some suggested that this will be difficult to deliver because of the current legislation – this is policy position statement – we have vision for 2030 and the role of the pharmacist will be very different • Some expressed concerns about the need to be mindful of unintended consequences - resistant about making changes – legal definition **Action 1–** the supervision paper will be updated and shared with the three boards for sign off by the three Country Chairs	
22/06/06b.ii.	**Strengthening pharmacy Governance** Chair**:** Thorrun Govind (TG) Chair, English Pharmacy Board (EPB), Led by Country Directors and Guest Speakers Bruce Warner (BW) Deputy CPhO (England) and Alison Strath (AS), CPhO Scotland The chair welcomed Bruce Warner (BW) and Alison Strath (AS) to the meeting BW provided wider context to the Supervision debate, highlights as follows: - • Advocated that the wider context of supervision needs to be seen in terms of new registrants, who will effectively be IP ready for 2026, and this will affect the role of a pharmacist and how to carry out their duties.	

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	• The dispensing process is quite often considered as a single process, but this process could be broken down and consideration given to different elements. • Funding models may need to be considered and a conversation will need to happen around accountability • Overall need to ensure any changes have patient safety at its core • Timelines, changes to be in place for 2026 when the first cohort of Pharmacist independent prescribers qualify. AS reflected that the issue of supervision has been very difficult and that this change is a once in generation opportunity to get supervision right. Moving forward the scope of practice and clarity around process required. Thoughts from group and collective views were noted as follows: - • There is a need to reflect on the three country visions and pharmacy needs to move with times and make better use of skill mix but be mindful of unintended consequence of change for patient safety • Now is the time for pharmacy to have courage • Enabling change and being cautious, the right balance is required • Full inter-operability is fundamental - we need to get this right over the next few years • Not going to be easy for some, all have a role to play and prepare for change – record keeping shared medical record will be crucial to the success • What are the proposed timelines from Government perspective? – when will legislative changes go through? • BW responded that the key date is 2026 when all pharmacists will be leaving training as prescribers is the aim, some things are more advanced than others • Some legislation will go through parliament now and then through privy council in the Autumn – cross sector changes in supervision may take a while if legislation needs to change • There needs to be assurance that no one is left behind and that sole pharmacist can link in with others. • BMs asked for some clarity on how now and moving forward funding models would work	

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	BW responded that from and English perspective – fundamentally look at where pharmacy is heading and look if the funding model is fit for purpose • It was noted that IP and DPP is the biggest challenge to support for professional decision making – BW said ICS will help with this. • All BMs were supportive of the suggestions being made • There was discussion about pharmacies operating without a pharmacist – look at the model in Netherlands and reference was made to prescription locker boxes – careful not to miss opportunities by being too restrictive • All elements of dispensing and supply need to be looked at individually • BW advised that some of what was being discussed in not dependent on legislation and some is happening already – Hub and Spoke overall is a mixed bag EJ said it was important to agree the higher principles – the detail below the principles will always be an issue of debate as circumstances differ. The Chair thanked both BW and AS for attending the meeting.	
22/06/06c	**PDA Safer Charter** Chair: Andrew Carruthers (AC) Chair SPB, Led by: Elen Jones, Director for Wales The Chair welcomed Paul Day (PD) from the PDA to the meeting. PD gave a short introduction saying that the PDA Safer Pharmacies Charter had now been published for some 5 years and during that time there had been numerous meetings with the RPS to discuss the RPS support for the PDA Safer Pharmacies Charter. He added that during RPS Board election time there had been much activity from candidates on twitter regarding support for the PDA Safer Pharmacies Charter. He reiterated that he would welcome the RPS support of the PDA Safer Pharmacies Charter. The RPS asked if there were future to review and for the RPS to be involved in that review. PD said although the PDA Safer Pharmacies Charter probably would be reviewed over time there were no plans in the future now to do this and they would not be co-badging the PDA Safer Pharmacies Charter with any other organisations.	

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	PD referred to a recent motion at the RPS AGM for the RPS to sign the PDA Safer Pharmacies Charter and to announce publicly as this would add more weight to the PDA Safer Pharmacies Charter. There were mixed views from Board members and some of the points made were: - • Point one in the PDA Safer Pharmacies Charter currently not in line with RPS policy in the MEP • Keen to be involved in a future review but not keen to sign retrospectively • Broadly support the PDA Safer Pharmacies Charter but could item 3 be amended? • Remove sectoral differences and have one PDA Charter for all – not two separate ones • We know it is important to our membership – encourage colleagues to look at bigger principles – we can make it clear to membership that we would like to contribute to another iteration • Important to remember not all RPS members are PDA members – would be better to have a joint charter that was patient focused. • It would have been helpful to have a paper setting out the points – some new board members had no prior knowledge regarding this request • The PDA Safer Pharmacies Charter is about patient safety – don't see any problem with endorsing the PDA Safer Pharmacies Charter • RPS needs to be consistent on policy and position statements, we have not yet agreed the position on supervision, and this could impact • Keen to endorse – have had experience of working in chronically understaffed pharmacies – it will put a bit more pressure on employers • Self-checking an issue – there was a request to discuss the principles of self-checking at the next board meeting – we should not endorse self-checking • We need to protect pharmacists and patients • RPS is not a trade union – what is the risk of signing the PDA Safer Pharmacies Charter? • Principles in the PDA Safer Pharmacies Charter are sound – what is the reputational damage of not signing the PDA Safer Pharmacies Charter?	

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	• RPS general principle of endorsement is to be involved at a very early stage and vice versa to involve others at an early stage if we want their endorsement PB thanked PD for attending the meeting and stated some of the work the RPS has done which aligns with the PDA Safer Pharmacies Charter ie Workforce Wellbeing, Inclusion and Diversity and the launch of the Wellbeing and Inclusion Pledge. He asked PD what other buy-in the PDA Safer Pharmacies Charter had received. PD said the Shadow Secretary of State at the time – Jonathan Ashworth – had supported along with the BPSA, some patient safety organisations and some smaller employers. None of the larger pharmacy contractor organisations have endorsed it. PD emphasised the point that the PDA Safer Pharmacies Charter was about basic standards of safety and the absence of these is becoming normalised eg pharmacists do not get adequate rest breaks. As consensus could not be reached on this issue, there were strong views on signing and not signing the PDA Safer Pharmacies Charter, and as there is no process in the Regulations (Standing Orders) to vote as a joint board it was agreed that England, Scotland and Wales would vote on the matter at their separate meetings following on from this joint meeting. If the National Boards do not align once they have voted this issue will then go to the National Board Chairs' Forum for further discussion. There were concerns raised on voting on this issue. PD was thanked for attending the meeting. **Action** 2– Consider self-checking principles at the next board meeting – RS/MA	
22/06/06d.	**Items for noting – Advancing Professional Practice** (Paper: 22.06/NPB/06d) Chair: SPB, Led by: Chair, SPB	

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	The NPB members **noted** the following items and corresponding papers 22.06/NPB/06d (i – vi). con i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy v. Sustainability vi. Pharmacogenomics	
Professional Belonging		
22/06/07	**Items for noting – Professional Belonging** (Papers: 22.06/NPB/07 (i) and (ii)) Chair: WPB, Led by: Chair, WPB The NPB members **noted** the following items and corresponding papers 22.06/NPB/07 (i and ii). i. Inclusion & Diversity – project update ii. Workforce wellbeing	
Professional Engagement		
22/06/08a	**2022 events programme and Annual Conference** Chair, WPB and Led by: Hanna Jenvey, Events & Sponsorship Manager The Chair welcomed HJ to the meeting. HJ explained that BW was unable to attend the meeting. HJ gave a short slide presentation focusing on the annual conference. HJ said that the board members received a monthly written update, and this would keep them up to date as the planning for the conference progresses. The title of the Annual Conference will be "Inspiring Change – The Future of Pharmacy" and will be taking place on 11 November 2022 at the same venue in Houndsditch as per the 2019 conference. The conference with be a hybrid event – some attending face to face and others virtually and	

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	there is a big emphasis on sustainability when planning the conference. All information this year will be via a conference App hence no printing of programmes etc. Registrations will be opening at the end of July and the call for abstracts is currently open. Inclusion and diversity are a thread running through all aspects of the planning for the Conference and AD is part of the development team. CA added that the Heads of Schools of Pharmacy were happy to welcome the return of abstracts for the conference. The Chair thanked HJ for attending and HJ reminded the Board to send through any sponsorship leads they may have or any tips and hints for improving the delivery of the conference.	
22/06/08b	**RPS Regions** Chair, WPB Led by: Rachel Black (RB) Pharmacy Engagement Manager and Clare Morrison, Director for Scotland RB introduced this item giving a slide presentation which stated that there will be 14 Regions – 3 in Scotland, 3 in Wales and 8 in England. Each region will host one annual face to face event and have 4 quarterly events that may be held virtually or as a hybrid event. RPS Connect will support this with the availability of daily networking for members. Each Region will be supported by an ambassador. The recruitment process for ambassadors is current and to date there have been 24 applications. In response to a question about ensuring the selection of Ambassadors meeting the criterial for the I&D strategy of the organisation RB responded that RPS processes have been set up to ensure anonymity when shortlisting, but final scrutiny will ensure that diversity of the cohort is maintained in line with the RPS I&D strategy. AD will be involved in the recruitment process. A hub page has been developed on the website and once Ambassadors are in post, they will create a hub page for each Region and meet regularly to discuss a schedule of events	

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	which will be advertised on the website. Any RPS member can go to any event – there are no restrictions to the regions. Board members were asked to support the Regions where they live and work. CM thanked RB for all her hard work in the setup of the Regions and recruitment of the Ambassadors.	
22/06/08c	**Participation and Communications Review** Chair EPB, Led by: Neal Patel (NP) Interim Associate Director PMEX NP presented this item giving a short presentation. The independent review has been commissioned through Luther Pendragon and is about how we communicate both externally and internally about how decisions are made and communicated at the RPS. It recognises that members want us to do things differently, being more open and transparent and explaining our reasons for decisions made giving the evidence to support those decisions. Once concluded the review will be published in full.	
22/06/08d	**Items for noting – Professional Engagement** (Papers: 22.06/NPB/09d (i) and (ii)) Chair: SPB Led by: Chair SPB The NPB members **noted** the following items and corresponding papers 22.06/NPB/09d (i and ii). i. Public affairs ii. Marie Curie Daffodil Standards	
22/06/09	**Any other business** Chair: EPB Led by: Chair EPB Alisdair Jones (EPB) – issue with EPB distribution list – this has now been resolved.	

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	Audrey Thompson (SPB) - Relating to headline in PJ on 22nd June re pharmacotherapy service in Scotland. After discussion with Tony Scully in the PJ the headline was amended and a comment included from Anne Thompson, Chair of the Primary Care Expert Advisory Group. AT was satisfied with the result. It was highlighted that the PJ has editorial independence from the RPS but good to note that the outcome was a positive resolution. Lola Dabiri (SPB) tabled an item – the Chair decided to address this at the meeting although it had not been given 48 hours in advance. The item was about pharmacist confidence in their knowledge and capability as prescribers. LD was advised to take this up with the Education directorate by sending in an email to TG/RS which they will pass on.	
22/06/10	**The meeting closed and board members were moved into their separate Country break out rooms for their individual country confidential sessions.**	

The meeting closed at 14.15pm

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Action list

Item No	Action	By Whom	By when /Open/Closed
22/06/06b.i	Update the RPS Supervision statement and principles and circulate to boards – final sign off by Country Chairs	**Elen Jones**	
22.02.04	Workforce: Country Directors will summarise next steps and circulate to boards.	**Country Directors**	**Feb/March/Open**
June			
22/06/06b.i	**Action 1–** the supervision paper will be updated and shared with the three boards for sign off by the three Country Chairs	**EJ/Chairs**	**July**
22/06/06c	**Action 2** – Consider self-checking principles at the next board meeting – RS/MA	**Ravi Sharma/Martin Astbury**	**Sept**

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