# ROYAL PHARMACEUTICAL SOCIETY

English Pharmacy Board open business meeeting – 21 June 2022

### **OPEN BUSINESS**

### This meeting will be held on zoom

### England Open Meeting - at 13.45pm - 4.30pm

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by
1. (13.45)	Welcome Introductions and priorities	Verbal	Discussion	An opportunity for board members to introduce themselves and to present their priorities for the coming year	Paul Bennett CEO, Board members
2.	Declarations of Interest	For noting	21.06/NBCF/02	Board members declarations of interest	Chair
3. (14.45)	Appointment of one EPB board member to the Assembly	Voting/Decisio n	22.06/EPB/03	Elections:- Voting will be conducted by M-Voice using an on-line platform England – 1 x EPB member of the board to the Assembly	Paul Bennett CEO
4. (15:15)	RPS workplan and priorities	For noting and discussion	22.06/EPB/04	An update on progress to date and priorities for the coming year	Neal Patel, Elen Jones, Cathy Picton
meeting ends at -4.30pm					

## ROYAL PHARMACEUTICAL SOCIETY

**Open Business** 

22.06/EPB/02

English Pharmacy Board meeting 21 June 2022

#### **Declaration of Interests**

#### **Adebayo Adegbite**

- Self employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife -Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity

#### **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

#### Emma Boxer

- Lead pharmacist CHoICE Ltd, Sunderland outpatients
- Rheumatology pharmacist, Sunderland Royal hospital
- Committee member of the RPS, Early careers pharmacist advisory group
- NICE adoption and impact panel member

#### 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

#### **OPEN BUSINESS**

- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
- "The Menopause Group" Pharmacist Consultancy
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

#### **Ciara Marie Duffy**

- 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)

#### **Thorrun 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

#### **Brendon Jiang**

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Member of Greener Practice Oxfordshire

#### **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 F/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 renumerated by Pharma companies)"
- various ad-hoc consultancy'

#### **Ewan Maule**

- NHS Sunderland CCG
- North East and North Cumbria ICS
- Member of the Guild of Healthcare Pharmacists

#### **Erutase Oputu**

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

#### **Paul Summerfield**

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Professional Expert, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

## ROYAL PHARMACEUTICAL SOCIETY

22.06/EPB.03 Open Business

### English Pharmacy Board meeting 21 June 2022

Appointment of one English Pharmacy Board members to the Assembly			
Open			
Yvonne Dennington			
Business Manager England			
0207 572 2208			
Yvonne.dennington@rpharms.com			
Paul Bennett			
Decision			
To appoint one EPB member to the Assembly for a tenure of 2 years.			

#### Appointment of one EPB member to the Assembly

Assembly members for 2021/22 were:-

Thorrun Govind (Chair – 2 year tenure expires 2023)
Martin Astbury (Vice Chair – 2 year tenure expires 2023)
Claire Anderson (2 year tenure expires 2023)
Sibby Buckle (2 year tenure expires June 2023)
Alisdair Jones (2 year tenure expires 2023)
Tase Oputu (2 year tenure expires 2023)
Andre Yeung (2 year tenure expires 2022)

**One** place is therefore available on the Assembly for a tenure of **two** years. The Chair and Vice Chair (listed above) automatically have a place on the Assembly until 2023.

Members are reminded there is no affirmation required for Thorrun Govind and Martin Astbury to serve the second year of their tenure, however there is a process for a vote of no confidence in the Chair and Vice Chair (outlined in Regulation 7.5.5 attached) should this need to be actioned.

Amended Appendix C of the Regulations (attached) fully details the procedure for the Appointment of English Pharmacy Board members to the Assembly. However, as the meeting is being held entirely by video conferencing some adaptation to this process has been necessary in order to incorporate remote working. A vote will be facilitated by the Society's independent scrutineers, Mi-Voice in order for the ballot to remain anonymous. This will be conducted via an online platform created by the scrutineers.

#### 7.5.5 Vote of No Confidence in Chair/Vice Chair

A vote of no confidence in the Chair or Vice Chair of a National Pharmacy Board can only be held during a meeting of the relevant National Board.

An elected member of the National Board may call for a vote of no confidence in the Chair/Vice Chair of that Board at any time during a National Board meeting, at which point:

- a) the meeting may then be adjourned for 10 minutes
- b) the Vice Chair (if the Vote of No Confidence tabled is for the Chair), or Chair (if the Vote of No Confidence tabled is for the Vice Chair), or Country Director should the Vice Chair/Chair not be present, shall call for a vote of Board members present to express no confidence in the Chair/Vice Chair. The vote will be by a show of hands and will be recorded in the minutes. . Only those Board members present at the meeting shall be eligible to vote.
- c) a vote shall not be passed unless:
- i) for the EPB at least 8 elected Board members present at the meeting at which the vote takes place vote to express no confidence in the post holder
- ii) for the SPB at least 6 elected Board members present at the meeting at which the vote takes place vote to express no confidence in the post holder
- iii) for the WPB at least 6 elected Board members present at the meeting at which the vote takes place vote to express no confidence in the post holder
- d) should the vote be passed, the post holder will be required to stand down from office immediately. If the Chair has stood down, the Vice-Chair shall then act as interim Chair until the Board has elected one of their number to fill the position of Chair in accordance with the procedure set out below. If the Vice Chair has stood down, the post shall remain unfilled until the Board has elected one of their number to fill the position in accordance with the procedure set out below. The individual will be ineligible to stand or be re-appointed to the same post for a period of 12 months.
- e) Should the vote fail to be passed, a further vote of no confidence in the same individual is not permitted to be called again for a period of 12 months.

# 1 APPENDIX C - PROCEDURE FOR APPOINTMENT OF NATIONAL BOARD MEMBERS TO THE ASSEMBLY

Any sitting President will automatically be appointed as a Board Assembly representative for their respective National Board. National Board members appointed to serve as a Board representative on the Assembly serve a two year term of office on the Assembly, provided they remain elected to their relevant National Board.

Board members elected to fill casual vacancies will be eligible to be appointed to the Assembly. Co-options to the Boards will not be eligible to be appointed to the Assembly.

#### 1 Voting Procedure

Board members may nominate themselves or others and should be seconded by another Board member.

Candidates are required to produce an address of up to 1,000 words outlining how they meet the role requirements and setting out their vision and objectives. This must be received by the deadline specified for nominations. The address must be in plain text and not include any photos, images, graphics, website addresses or urls.

All nominations must be received in writing by the Board's Secretary at least 11 calendar days before the Board meeting at which the election is to take place, with a 12 noon deadline. The specific deadline for nominations in a given year will be communicated to Board members by the Board's Secretary.

The names of those nominated and the names of the nominators will be circulated with the text of addresses to reach Board members by one week before the Board meeting.

The content of the addresses will be confidential to the Board until after the election has taken place.

The appointment of Board members to the Assembly will be held entirely in public business, with the voting recorded, at the start of business on the first formal meeting of the newly elected National Pharmacy Board meetings.

The Society's Legal Counsel or another appropriate member of staff will be present at the meeting to provide clarity on any part of the process if necessary.

The use of mobile devices and/or laptops will not be permitted at the meeting for the duration of the election process.

Only those Board members present (whether in person or online) at the meeting are entitled to vote and proxy votes are not permitted.

Each candidate standing for appointment to the Assembly shall make a declaration of interests at the time of their nomination.

The Director of the Board will read the names of the candidates and each candidate who is present will be invited to make a short supporting speech of no more than two minutes. Nominations will close before the first vote is taken. Nominees may vote for themselves. Voting will be by a secret ballot at the meeting via the electronic platform provided by the external scrutineer of those members present (in person or online) who are entitled to vote. The voting shall be reported to the Assembly and recorded in the minutes. Once the elections have been completed, the names of the successful candidates will be published. Successful candidates will be invited to make a short statement following their election. The election procedures for each Board are set out below.

#### 2 English Pharmacy Board (EPB)

Five elected members of the EPB are appointed to the Assembly in addition to the Chair and Vice Chair. In the event that the sitting President is a member of the EPB, only four members will need to be elected.

In the event that there are only as many candidates nominated to the Assembly as there are places to be elected, the EPB will be asked to confirm that those persons are duly appointed. If there are more candidates then a secret ballot will held <u>via the online platform provided by the external scrutineer</u> using the One Member One Vote system (ie each EPB member has up to 5 votes for up to 5 places).

The EPB candidates that receive the highest number of votes by the OMOV system will be elected to the Assembly. If two or more candidates tie with the next highest number of votes, a separate ballot involving only those candidates will be held to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

#### 3 Scottish Pharmacy Board (SPB)

One elected member of the SPB is appointed to the Assembly in addition to the Chair of the Board, which does not have to be the Vice-Chair. In the event that the sitting President is a member of the SPB, there will be no need to appoint an additional member to the Assembly. In the event that there is only one candidate nominated to the Assembly the SPB will be asked to confirm that person as duly appointed. If there is more than one candidate then a secret ballot will held using the One Member One Vote system.

The SPB candidate that receives the highest number of votes will be elected to the Assembly. If two or more candidates tie with the highest number of votes, a separate ballot involving only those candidates will be held via the online platform provided by the external scrutineer to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the SPB meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further supporting speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

#### 4 Welsh Pharmacy Board (WPB)

### **Open BUSINESS**

One elected member of the WPB is appointed to the Assembly in addition to the Chair of the Board, which does not have to be the Vice-Chair. In the event that the sitting President is a member of the WPB, there will be no need to appoint an additional member to the Assembly. In the event that there is only one candidate nominated to the Assembly the WPB will be asked to confirm that person as duly appointed. If there is more than one candidate then a secret ballot will held via the online platform provided by the external scrutineer using a One Member One Vote system.

The WPB candidate that receives the highest number of votes in a OMOV will be elected to the Assembly. If two or more candidates tie with the highest number of votes, a separate ballot involving only those candidates will be held to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the WPB meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further supporting speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

## **Open BUSINESS**

### **RPS Country Teams Workplan 2022**

Workstreams **RPS** strategic links Enabling new models Future visions ✓ Shape the future of pharmacy of practice and medicines use Advancing ✓ Being essential to professional Independent practice **Professional** Pharmacogenomics ✓ Being at the heart of pharmacy prescribing Practice and pharmaceutical science **Environmental** Health inequalities sustainability ✓ Create a sense of belonging Workforce **Expert Advisory Groups** ✓ Being essential to professional **Professional** practice Belonging ✓ Being at the heart of pharmacy and pharmaceutical science **Inclusion & Diversity** Wellbeing Political engagement **RPS Connect** ✓ Shape the future of pharmacy and medicines use ✓ Working in collaboration and partnership **Professional** Stakeholder **RPS Locals** ✓ Deliver valued products and collaboration Engagement services

Member engagement

Intra-professional

working

✓ Create a sense of belonging

## **RPS Country Teams Workplan 2022 – outline of workstreams**

RPS will work with our members and wider pharmacy teams to develop and maintain thought leadership, vision documents to detail the specific ambitions for advancements in pharmacy practice that will deliver the best patient outcomes in each country. England, Scotland and Wales will be at different stages in this process but we will work to ensure that RPS is seen as the vision, thought leaders across GB, understanding country specific nuances but all travelling in the same positive direction for advancing patient care.

This is an area designed to enable more proactive policy work during 2022. We anticipate some important areas of work that will need RPS leadership, for example hub and spoke, supervision and digital advances. In addition, some will come from our future visions as well as responding to consultations.

The scope and timings of the work is currently unknown but inclusion in the plan will ensure capacity for these important issues and any other areas that are yet to become evident.

Advancing Professional Practice **Future visions** 

Independent

prescribing

**Environmental** 

sustainability

Enabling new models of practice

Pharmacogenomics

Health inequalities

Professional Practice

RPS will continue to lobby and campaign for further developments across the three Nations for further integration of pharmacist IP services in all sectors. We will seek opportunities to advance and support the development of all non-medical prescribers (NMPs) through the work of the RPS as we continue to strive to be the natural 'home' for Independent prescribers. An additional key focus for 2022 will be the development of guidance to expand scope of IP practice.

Following RPS' declaration of a climate and ecological emergency and the subsequent launch of the climate change policy hub, the activity for 2022 will be focused on making our calls to action a reality for pharmacy across the three Nations. We will be looking for further collaborative opportunities and continue to lead the profession in this area.

In 2022, RPS will develop a position on pharmacy's role in tackling health inequalities. Opportunities to advocate for change to help address inequalities across the three Nations will be pursued. As always better patient outcomes will be the focus and we will look to collaborate with other organisations, Royal Colleges and Governments to make our recommendations a reality for people across GB.

RPS.

An opportunity for RPS to lead the profession by developing and implementing a policy and wider project plan to position pharmacists at the forefront of advances in pharmacogenomics, and create a professional network through RPS Connect. There is potential with this work to appeal to a broader audience than pharmacy and these opportunities will be explored. We anticipate collaboration with other bodies, both within pharmacy and externally. This work will involve collaboration with the science team in particular, but will touch upon many other directorates within

## **RPS Country Teams Workplan 2022 – outline of workstreams**

RPS Country teams, working collaboratively with the RPS Education team, will set out the direction of travel for the pharmacy workforce over the coming years which puts patients at the centre of all that we do, promotes proactive, compassionate care and encourages professionals, services and organisations to work together. RPS Country Team activity for 2022 will be focused on engaging with members, profession and key stakeholders, developing key workforce policy asks to help encourage people into pharmacy and the wider pharmacy family, while helping retain our current workforce. This will include short- and medium-term solutions such as managing workload and improving working conditions, linking with our wellbeing and inclusion and diversity work. Plus long-term solutions such as improved workforce planning.

The RPS Expert Advisory Groups serve as a consultative group to the RPS teams, acting as a source of expertise and advice, providing evidenced-based leadership and opinion to help inform RPS policy decisions and advice to government and other organisations. Our activities for 2022 will ensure there is a coordinated and joined up approach around management and consultation with EAGs, to enable them to provide insights into professional practice, identify and track the changing healthcare environment and their implications to the RPS, highlight the changing professional needs of the workforce and competencies of our members across England, Scotland and Wales. We will work with all EAGs to develop professional networks which will be wider, empowered and representative networks across all relevant backgrounds through RPS Connect.

Professional Belonging

Workforce

**Inclusion & Diversity** 

Wellbeing

**Expert Advisory Groups** 

RPS inclusion and Diversity strategy was built in collaboration with the profession and demonstrates our clear commitment to bringing about real change to ensure everyone feels a sense of belonging. Building on the first year of the strategy delivery, the activity for 2022 will be focused on making our calls to action a reality for pharmacy across the three Nations. RPS boards want to ensure that positive change takes place in the profession, a profession that recognises the value of inclusion and diversity can offer and draw strengthen from those differences. The aim is to work with stakeholders across the profession to help create a culture of belonging in pharmacy, elevating, and celebrating diverse voices alongside championing everlasting change. We will be looking for further collaborative opportunities and continue to lead the profession in this area.

RPS will work in partnership with Pharmacist Support to gain better understanding of the mental health and wellbeing of pharmacists, including exploration of the causes of poor mental health, the impacts this has on pharmacists and patients and overall awareness of, and access to, support services. Our activity planned in 2022, will be focused on 'preventing the cause' of poor wellbeing in the workplace and making clear calls to action across the three nations. To achieve delivery of our calls to action, we will need to work collaboratively with key stakeholders including, pharmacy organisations, employers, unions, NHS, and Government.

## **RPS Country Teams Workplan 2022 – outline of workstreams**

Country teams regularly engage with politicians from all political parties via meetings, briefings and letters. This work is key to increase the profile of pharmacy and to lobby for changes where needed to shape the future of pharmacy and enhance the roles of pharmacists. In 2022, this work will continue to be an important part of country teams' work. We will strengthen this area by improving our approach to policy development so that it sets out clearer messages for different audiences such as politicians and also includes more case studies/patient stories which help to engage politicians in the value of pharmacy services. We will also be more proactive in our horizon scanning and adapting our policy work to ensure our advocacy and lobbying is relevant and timely.

RPS Connect is a new digital networking service for RPS members. It aims to bring members together to share best practice, learn & develop, ask questions and reduce professional isolation. It will also enable interactions between members with RPS staff. Overall, it is about creating a community for pharmacy.

The business plan for RPS Connect was approved in May 2021. During June to October 2021, the platform was procured, developed and tested both internally and with a sample of members. It is now ready to launch, and a date will be confirmed when the wider Salesforce testing is complete. Early 2022 will involve a significant marketing campaign to promote opportunities for using RPS Connect. Following this post-launch engagement activities are planned throughout 2022 which will include making changes and improvements based on member feedback.

**Professional** 

Political engagement

Stakeholder

collaboration

Intra-professional

working

**RPS Connect** 

**RPS Locals** 

Member engagement

In 2022, we will continue to develop a new model for RPS Locals to strengthen the relationship between RPS and members at a local level. It will include a hybrid of face to face meetings and use of RPS Connect to increase the accessibility of local networks to members who cannot attend inperson events. We will introduce regional symposiums to bring members together to network, share best practice and connect with RPS staff including bringing RPS policies to life.

Engagement

Maintaining and enhancing relationships with external stakeholders is an essential part of country teams' roles. These relationships are within pharmacy, with other professional groups, industry and patient representatives.

In 2022, we will continue to enhance these relationships and look for new ways to collaborate with stakeholders. This will include setting up a new RPS Patient Participation Forum in each country to improve our engagement with patients.

Pharmacists work as part of a multidisciplinary team across health and care, and therefore RPS must work with representative organisations of all the different multidisciplinary team members. In 2022, we will further develop the opportunities for intraprofessional working, particularly around key policy areas which depend on joint working, for example, independent prescribing, sustainability and pharmacogenomics.

It is essential for country teams to be accessible for members to engage with us directly. We will continue to be available for phone and email conversations, and in 2022 we will also make use of RPS Connect to increase our engagement with members in our countries. We will also run more focus groups to ensure our policies are developed with the input of RPS members, and look for additional opportunities to engage with members with the support of a new Professional Engagement Lead.