

ROYAL PHARMACEUTICAL SOCIETY

Joint National Pharmacy Board meeting 23 June 2021

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

OPEN BUSINESS AGENDA 23 June 2021 at 9.00am – 13.55pm

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1 (9.00	Welcome and address from CEO	For noting	Verbal	Paul Bennett to welcome board members, member observers, and staff to the meeting	Paul Bennett, Chief Executive	Chair, English Pharmacy Board (EPB)
2	Apologies	For noting	Verbal	To note apologies	Chair, EPB	Chair, Scottish Pharmacy Board (SPB)
3	Declarations of Interest	For noting	21.06/EPB/SPB/ WPB.03 (and 03C)	To note declarations of interest (either standing interests or interests specific to this meeting)	Chair, SPB	Chair, Welsh Pharmacy Board (WPB)
4 (9.20 – 5 mins)	Minutes	For decision	21.06/NPB/04	To approve minutes from the open business of NPB meeting on 3rd February 2021	Chair, WPB	Chair, EPB
5 (9.25 – 10 mins)	Matters arising	For noting	21.06/NPB/05	To note matters arising from the above minutes that are not specifically included on the agenda	Chair, EPB	Chair, SPB

6.(9.35 - 25 mins)	Introduction of Chairs of the EAGs	For noting	Verbal introductions	To introduce the newly appointed Chairs of the Expert Advisory Groups:- Anne Thomson – Primary Care Janice Perkins – Community Darren Powell – Digital (not present)	Ravi Sharma, Director for England, Clare Morrison, Director for Scotland, Elen Jones, Director for Wales	Chair,WPB
7. (10.00-45 mins)	Independent Prescribing	Update and discussion	21.06/NPB/07	Update on the progress of various elements of the IP project. Seeking input for the campaign approach.	Jonathan Lloyd Jones, Policy and engagement lead, Wales / Elen Jones, Director for Wales	Chair, SPB
Comfort break at 10.45 – 10 mins						
8. (10.55 – 30 mins)	Genomics and Personalised Medicines	Noting and discussion	21.06/NPB/08	To discuss the proposed approach and scope for the Genomics and Personalised Medicines project.	Ravi Sharma, Director for England/Luigi Gino Martini, Chief Scientist	Chair, EPB
9. (11.25 – 45 mins)	Inclusion & Diversity	Noting, discussion and action	21.06/NPB/9	To update and discuss the progress of the RPS Inclusion and Wellbeing Pledge and next steps. General update on the RPS I&D strategy including separate work of each board.	Amandeep Doll, Head of Professional Belonging/ Ravi Sharma, Director for England	Chair, EPB
10. (12.10 – 20 mins)	RPS Connect update	Update and discussion	21.06/NPB/10	Update on the RPS Connect project including progress to date and next steps.	Clare Morrison, Director for Scotland	Chair, WPB

11. (12.30)	Items for noting:	For noting	21.06/NPB/11	(a) Science & Research update (b) Covid Response Team update (c) Policy (d) Public affairs (e) Workforce wellbeing (f) Education update (g) Board members functions and duties	CDs	Chair, SPB
Lunch break (12.30 to 13.00)						
12. (13.00 – 45 mins)	Sustainability	Noting and discussion	21.06/NPB/12	Please note this item will commence with a plenary session, then there will be a 20 minute breakout room session for each country (England/Scotland/Wales) back to plenary for conclusion of item. Update on work to date and an opportunity for country specific discussion, ensuring appropriate alignment to National strategies. The board will be asked to confirm support for RPS declaration and to support the next steps.	Elen Jones, Director for Wales	Chair, EPB
13. (13.45 - 10 mins)	Any other business	For discussion		Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Chair, SPB	Chair, SPB
14. (13.55)	Dates of next meetings	For noting	All dates to be diarised	Dates for 2021 Board meeting 23 September 2021 (Note: there is an option for an additional board day if required for EPB)	Chair, WPB	Chair, WPB
13.55 End of Open Business – Confidential business for Board members and staff only will resume at 14:05						

English Pharmacy Board meeting June 2021

OPEN BUSINESS
ITEM 21.06.EPB.03/03C

Declaration of Interests

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Work with FIP, FIPed lead on workforce development hub
- Trustee Commonwealth Pharmacy Association
- Research and development grants from NIHR, DFID(UKAID), Boots

Martin Astbury

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

Sharon "Sibby" Buckle

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

David Carter

- Chairman, Gateshead & South Tyneside LPC
- RPS North East, member of steering committee
- Director Galen Pharmacy Ltd

- Director of PSNE LTD
- Brother is an academic pharmacist

Ciara Marie Duffy

- Newcastle upon Tyne NHS Foundation Trust
- Duffy Quality Pharma Consulting Ltd.

Mary Evans

- NHS Employee, Bedfordshire Hospitals NHS Foundation Trust

Thorrun Govind

- Locum Pharmacist-various companies
- Contribute to media articles in the press
- Pharmthorrun Ltd
- Trainee Solicitor
- Pharmacist – Boots

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.

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

Erutase Oputu

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

Duncan Petty

- Honorary researcher and lecturer University of Bradford
- Director Duncan Petty Consultancy Ltd
- Occasional advisory board member/speaker for pharmaceutical companies

Paul Summerfield

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

Tracey Thornley

- Senior Contract Frameworks and Outcome Manager, Boots
- Honorary Professor in Pharmacy Practice, University of Nottingham
- Member of the RPS, Antimicrobial Resistance Expert Advisory Group
- Member of Boots UK Clinical Advisory Board
- Member of Boots UK Research Governance Board
- Community Pharmacy representative on Midlands and East Regional Medicines Optimisation Committee
- Member of AMS in community pharmacy task and finish group for ESPAUR oversight group
- Member of community Pharmacy Section Executive Committee, International Pharmaceutical Federation
- Member of University of East Anglia School of Pharmacy Industrial Advisory Board
- Member of RPS working group, increasing evidence base pharmacy, Science and research
- Secondment to the research and academic partnership team (RAPT) which is part of the Innovation and Partnerships Hub at the Joint Biosecurity Centre (JBC, which is part of NHS Test and Trace)

Andre Yeung

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

Scottish Pharmacy Board

June 2021

Declaration of Interests

Brian Addison

- Lecturer in Pharmacy Practice (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
- External Examiner Royal College of Surgeons in Ireland Education
- Committee Member of the European Society of Clinical Pharmacy
- Member, RPS Scottish Pharmacy Board

W Iain Bishop

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

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Royal Alexandra Hospital, Paisley
- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Member, RPS Scottish Pharmacy Board
- Locum Pharmacist, Boots UK
- Locum Pharmacist, Well Pharmacy
- 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
- Self-employed, community locum pharmacist

Kathleen Cowle

- Employed by Davidsons Chemists
- Member, RPS Scottish Pharmacy Board (2016-)
- Daughter is a pharmacist with NHS Lothian
- Son-in-law works for Lloyds Pharmacy

Omolola (Lola) Dabiri

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

Lucy Dixon

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

John McAnaw

- Head of Pharmacy, NHS 24, South Queensferry
- Pharmaceutical Advisor, Scottish Ambulance Service, Edinburgh
- Member, NHS Scotland Directors of Pharmacy
- Member, UK Ambulance Pharmacists Network
- Member, European Society of Clinical Pharmacy
- Member, RPS Scottish Pharmacy Board
- Wife is director, shareholder and pharmacy superintendent, Lomond Pharmacy Ltd.
- Judge, Scottish Pharmacy Awards

Catriona Sinclair

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

Jacqueline Sneddon

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

Audrey Thompson

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

Updated: 10 June 2021

Welsh Pharmacy Board - Declarations of Interest

Ruth Mitchell

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

Jamie Hayes

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

Sudhir Sehrawat

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

Cheryl Way

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

ROYAL PHARMACEUTICAL SOCIETY

- Member RPS Digital Forum
- Member Welsh Pharmacy Board, RPS
- Member, Pharmacy: Delivering a Healthier Wales Delivery Board

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

Richard Evans

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

Dylan Jones

- Employed by Dudley Taylor Pharmacies Ltd – Welsh Contractual Manager.
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.
- Member of Wales Board RPS.

Elanor Thomas

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

Eleri Schiavone

ROYAL PHARMACEUTICAL SOCIETY

- Principle Pharmacist Patient Services: Princess of Wales Hospital, Cwm Taf Morgannwg
- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Quality & Patient Safety Board

Helen Davies

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

Gareth Hughes

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

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the meeting held on Wednesday 3 February 2021 at 9.00am, by Zoom.

Present:

English Pharmacy Board

Claire Anderson (CA) Chair, Martin Astbury (MA) Vice Chair, Sibby Buckle (SB), David Carter (DC), Sandra Gidley (SG), Brendon Jiang (BJ) (in part), Thorrun Govind (TG), Duncan Petty (DP), Tracey Thornley (TT), Ash Soni (AS) (in part), Andre Yeung (AY)

Scottish Pharmacy Board

Jonathan Burton (JB), Chair, Ewan Black (EB) Vice Chair, Brian Addison (BA), Anne Boyter (ACB), Tamara Cairney (TC), Kathleen Cowle (KC), Alasdair Macintyre (AMac), John McAnaw (JMcA), Ailsa Power (AP), Deborah Stafford (DS)

Welsh Pharmacy Board

Suzanne Scott Thomas (SST) Chair (attending from Item 10), Cheryl Way (CW) Vice Chair, Rob Davies (RD), Richard Evans (RE), Dylan Jones (DJ), Jamie Hayes (JH), Ruth Mitchell (RM), Sudhir Sehrawat (SS), Paul Harris (PH), Jodie Gwenter (JG)

In attendance:

Invited Guests and observers

Alex Scarbro (ASc) (BPSA)

127 RPS members attended as observers

RPS Staff

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

Pharmacy and Member Experience, Cath Ward (CW) Business Manager Wales, Heidi Wright (HW) Practice and Policy Lead for England.

21/02/01.	<p>Welcome and introductions</p> <p>SG welcomed all to the meeting saying that this is the first time there has been a joint meeting of all three boards and pre-engagement with some RPS members. As technology has improved it has made it easier to engage with members and invite greater numbers to observe the board meeting. Today there will be over thirty board members at the meeting and the Board Chairs will rotate for the items on the agenda. SG highlighted that all at the RPS are committed to greater engagement and hopes that today's meeting will be a positive experience. Constructive feedback will be welcome from members and an email will be sent after the meeting giving the details of where to send feedback.</p>	
21/02/02.	<p>Address from the CEO.</p> <p>PB welcomed all to the meeting and gave a short round up of the milestones achieved by the RPS over the past year stating that 2020 had been a challenging year for all and 2021 was looking as if it could be just as challenging.</p> <p>The RPS financial end of year results have been strong despite the pandemic and members will receive more detail on this at the AGM. Cost controls have been strong and the RPS has been able to invest in growth. The RPS teams have worked incredibly hard over the past year and a considerable amount of resources have been published for members including the Medicines Complete Critical Illness which is a timely support for members during the global pandemic. The BNF and EBNF have been published without any disruption this year. Publications project Janus supports the work we do in becoming a world leader in medicines information. The RPS has a new relationship with Oxford Press which enables much more information to be shared with members. The PJ is going digital with a new multimedia platform.</p> <p>Other pieces of work highlighted were:-</p> <ul style="list-style-type: none"> • The RPS is working towards creating positive change with its workstreams on Inclusion and Diversity and Workforce Wellbeing and members are invited to join the ABCD (I&D) and the yet to be launched action group for Workforce Wellbeing (launching 4 Feb) to support this ongoing work. 	

	<ul style="list-style-type: none"> • Online communities – networking – currently surveying members and non members – RPS members are encouraged to respond. • Work on education and training is ongoing. The new Education and Training standards reflect the domains of the RPS career pathways. • Provisional Registrants have had a difficult start to their career – RPS continues to support this cohort. • Community Pharmacy Consultation Service (CPCS) commissioned by HEE – RPS have already run 137 sessions with 2500 pharmacists trained. <p>The RPS strategy for the next 5 years will be presented to the Assembly in March and subject to ratification will be published in April which will coincide with the 180th Anniversary of the RPS.</p>	
21/02/03.	<p>Apologies. Andrew Curruthers (SPB) Mahendra Patel (EPB), Suzanne Scott-Thomas (SST) will be late Brendon Jiang (EPB) Ash Soni (EPB), Tracey Thornley (EPB) apologised in advance for their limited attendance at the meeting.</p>	
21/02/04.	<p>Declarations of interest. The National Pharmacy Board members noted papers 21.02.EPB.SPB.WPB.04</p> <p>Board members were reminded to send in any amendment to their declaration and were also asked to state, in the interests of best practice, any declared interest at the start of the discussion to which it relates.</p>	
21/02/05 (EPB)	<p>Minutes of the EPB open business meeting held on 8th October 2020</p> <p>The minutes of the meeting held on 8th October 2020 circulated as paper 21.02.EPB.05 were agreed as a true and accurate record of proceedings, approved by MA and seconded by SB.</p>	
21/02/05 (SPB)	<p>Minutes of the SPB Formal Business meeting held on 8 October 2020.</p>	

	The minutes of the meeting held on 8 th October 2020 circulated as paper 21.02.SPB.05 were agreed as a true and accurate record of proceedings, approved by AP and seconded by KC.	
21/02/05 (WPB)	Minutes of the WPB open business meeting held on 8th October 2020 The minutes of the meeting held on 8 th October 2020 circulated as paper 21.02.WPB.05 were agreed as a true and accurate record of proceedings, approved by CW and seconded by DJ.	
21/02/06.(EPB)	Matters arising not specially included on the EPB Open Business Agenda and actions from previous meetings EPB members noted paper 21.02.EPB.06 Action 20/73 (2) is now closed Action 20/06 – is still paused due to Covid 19 Action 19/121 – is now closed as pre meeting calls with RPS members took place ahead of the today's meeting There were no further matters arising to discuss.	
21/02/06 (SPB)	Matters arising not specially included on the SPB Open Business Agenda and actions from previous meetings <ul style="list-style-type: none"> • 20/10/07: SPB Manifesto 2021. Board members to promote the manifesto through social media. Board Members were asked to continue to do this. Open. • 20/10/09: Inclusion & Diversity (I & D). Board members to pass on to Amandeep Doll (AD), details of any I & D training packages that they are aware of. Board Members were asked to continue to do this. Open. • 20/10/09: I & D. Board members to promote the NPB elections process as being as inclusive and diverse as possible and to actively encourage members from all backgrounds to stand for election. To encourage members to stand Board members are asked to sign up to a joint statement to this effect. Also, the three country directors are going to produce videos and Board members, who will not 	

	<p>be standing down in 2020, are asked to support this initiative by producing their own videos. Open.</p> <p>All other action items were closed.</p>	
21/02/06 (WPB)	<p>Matters arising not specially included on the WPB Open Business Agenda and actions from previous meetings</p> <p>WPB members noted that all actions were completed.</p>	
21/02/07.	<p>COVID Response Team (CRT)</p> <p>This item was chaired by Cheryl Way, Vice Chair Welsh Board (in the absence of Suzanne Scott-Thomas, Chair Welsh Board). Led by: Elen Jones, Director for Wales.</p> <p>CW chaired this session as SST was absent giving evidence at the Welsh Health and Social Care Committee on Covid 19.</p> <p>CW said that she was pleased that the Welsh Government had given RPS Wales the opportunity to give evidence to the Health and Social Care committee for a second time, this was important recognition. SST gave her apologies for missing the start of this meeting as she was giving the evidence.</p> <p>CW invited EJ to lead this item with contributions from GM and WT.</p> <p>EJ gave a short background update on the work covered by the CRT over the past year. Weekly updates on this work are shared with board members and staff illustrating the support and advice being given to all sectors of the profession in relation to Covid19. The work is based on intelligence received from the Science and Research Intel team and, up to October, 9000 pieces of intelligence have been considered and prioritised. An insights dashboard has also been created enabling the team to identify what members are viewing on the website which enables the team to prioritise work on policy and resources.</p> <p>The support team have supported over 5000 members with their enquiries and issued over 1000 pharmacy alerts. Thirty webinars have been held and we have been given increased opportunities to speak to the media advocating on behalf of members.</p>	

	<p>Encouraging comments on work to date from board members included:-</p> <ul style="list-style-type: none">• Welcomed the RPS being “fleet of foot” in their response to the pandemic• RPS coming to a viewpoint quickly eg supporting the wearing of masks and PPE, inclusion of pharmacy in the death of service policy, advocating for pharmacy resulting in many more mentions by ministers and leaders.• Continued dialogue with Governments re pharmacy inclusion in the roll out of the vaccination programme <p><u>Vaccinations</u></p> <p>It was suggested that we need to highlight, particularly to non-members, the role pharmacy is playing in all sectors and in all steps of the supply chain regarding vaccinations eg manufacturing, procurement, administration, vaccinating, podcasts etc.</p> <p>The RPS website Covid hub signposts to many resources in order that the most up to date information is available.</p> <p>GM stated that evidence is sometimes conflicting, it is therefore important to review existing evidence and make a judgment call as the RPS did in supporting the 12 week interval for the second dose of the vaccine. RPS supports UK Government backed trials, and focuses its intelligence gathering in this area. The Science and Research Committee are also a valuable source of information and evaluation. It was also highlighted that in this dynamic situation new evidence is constantly emerging, the team are reviewing evidence regularly.</p> <p>Covid will probably be with us for a long time and may require regular vaccinations as with flu, pharmacy should therefore be highlighting the role they can play in any future vaccination programme and claim the space with Governments.</p> <p>Safety issues, near misses, and information on anaphylaxis in vaccination clinics was discussed and it was suggested that some work could be done to produce a resource in relation to this.</p>	
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	<p>Myth busting was another area that was highlighted and it was noted that there is information on this on the RPS Covid hub page and it has also been highlighted to members by newsletter. It was mentioned that the Wellcome Trust has an animation addressing vaccine hesitancy. The support and guidance team will review and possibly add to our list of resources.</p> <p>Action 1: Support team to review Wellcome Trust animation re vaccine hesitance</p> <p>Board members noted that there are nuances to be acknowledged in the roll out of vaccinations in the 3 countries and care is taken to highlight the differences when communicating. It was suggested that learnings could be taken from the 3 countries on how they have approached the vaccination roll out. It was noted that currently vaccine supply is the rate limiting factor to a wider roll out – RPS could have a role in managing the expectations of pharmacists wanting to be involved, planning now for involvement later when vaccine supply is assured.</p> <p>Currently in England positive conversations are ongoing with DHSC on the involvement of community pharmacy in the vaccination programme. It was highlighted that pharmacy will be involved for the long haul therefore it is right to ensure the model of delivery is right. Pharmacy also has a role to play in encouraging the population to be vaccinated.</p> <p><u>Long Covid:</u> The RPS is currently doing a lot of work in this area and collating evidence and adding to and updating resources on the website. RPS members are encouraged to send in any information they may have on long covid symptoms etc. as member contributions will help to shape this work.</p> <p>Some of the points raised by board members:-</p> <ul style="list-style-type: none">• Mental Health will be a significant problem relating to Covid and pharmacy is well placed to assist the public in this area. (An RPS policy was published in the summer addressing the issue of pharmacists supporting the public with mental health issues.	WT
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	<ul style="list-style-type: none"> • Suggestions for a patient facing toolkit to help with identifying those who may be suffering the effects of long covid but who don't realise it could be commissioned – this could possibly be developed with the collaboration of the RCGP. <p><u>Any gaps in the workplan?</u></p> <p>It was suggested that there is a need to do some work on public behaviour post vaccination and non adherence to social distancing and other measures.</p> <p>There has been a noticeable rise in medicines supply issues and acute prescriptions during the vaccination roll out, not as great an increase as in the first wave but a noticeable difference. Questions were raised as to what future medicine supply may look like and could there be a role for pharmacists in managing long term conditions, palliative care, medicines discharge and transfer of care.</p> <p>EJ welcomed the comments and will feed them into the team for further discussion. She added that for the foreseeable future the CRT will remain active, reviewing evidence and working with stakeholders. WT added that all information produced is intelligence and evidence led, signposting where necessary to avoid overlap and duplication.</p> <p>The chair thanked all for their valuable contributions to the discussion saying that frontline experience is invaluable.</p> <p>As a final suggestion, and considered to be an excellent idea, a historical record of the pandemic through the lens of pharmacy should be considered by the Museum and a call should be put out to members to submit photos for the records.</p> <p>Action 2: Consideration to be given to collating a historical record of the pandemic</p> <p>The National Pharmacy Boards</p> <p>noted</p>	<p>RT/GM</p>
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	Covid Response Team paper 21.02.NPB.07	
21/02/08.	<p>General Pharmaceutical Council (GPhC)</p> <p>Agenda item Chair: Claire Anderson, Chair of the EPB. Led by: Gail Fleming, Director of Education and Professional Development.</p> <p>Board members were asked to consider the GPhC registration assessment for provisional registrants and also to consider the future of the registration assessment. GF provided background to these issues.</p> <p><u>GPhC registration assessment for provisional registrants.</u></p> <p>The RPS has been providing direct support to those eligible to take the assessment with a revision course and an additional timed mock exam (online); this is followed up with a series of feedback sessions for trainees. As of 2 February, nearly 1700 trainees have signed up for the mock exam.</p> <p>In addition, the RPS has run a series of support webinars for trainees, The GPhC is now doing this and so the RPS has redirected its focus to providing information to support the GPhC events. RPS is also providing support with a help desk and several WhatsApp groups with approximately 1000 subscribers; the help desk and WhatsApp groups have been particularly useful in allowing trainees' questions to be posed to the GPhC; questions asked and concerns raised can be taken to GPhC and responses fed back to the trainees.</p> <p>Concerns have been raised with the GPhC about the timing of the assessment (March 2021) due to the restrictions around the pandemic. The regulator does not agree with these concerns and so the exam will go ahead as planned; unfortunately, this will mean that trainees from the Far East will not be able to take the assessment. The RPS is to provide extra support to provisionally registered (prov reg) trainees who don't pass the</p>	

assessment and who may have been working; this support will include exam preparation for the resits, employment options advice and a focus on wellbeing.

Proposed future GPhC assessment.

In January 2021, the RPS welcomed the new IET Standards published by the GPhC; the next steps will be about implementation. In the build-up to this there hasn't been any discussion about the registration assessment and its process; RPS and other organisations have requested that this be reviewed. An assessment at the end of year 5 might negatively impact those who are also studying to be Independent Prescribers (IPs). The RPS has an ongoing programme of work that includes Foundation and Assessment workstreams; A programmatic approach has been taken which has proved successful; this will be shared with GPhC.

There was concern about the situation with overseas students not being able to sit the registration exam and the impact of this not only for the trainee, the pipeline in the countries concerned and, ultimately, patient safety.

It was agreed that the situation is unacceptable and that the RPS should make a statement that reflects this. The regulators of other professions have managed to overcome these issues and have developed online assessments that have allowed students and trainees to progress their careers. It was also noted that the Schools of Pharmacy have had to adapt and digitalise end of year assessments.

The RPS was commended for the support it has provided to prov reg pharmacists, particularly in its persistence in getting answers to questions which are so important to the students and trainees involved.

It was noted that the mock exam had been well received; this will be shared with the education team. BPSA is working closely with the RPS on these 'big issues'.

	<p>There was concern about the potential and actual mental health issues caused by the added stress that students and pre-reg/prov-reg trainees have been placed under as a result of the delays to exams, etc. Reassurance was sought that this will not be allowed to happen again and that there is 'a back-up' plan. It was confirmed that the RPS has asked the GPhC for the date of the next pre-reg exam and, as soon as it is known, will ensure that it is made public.</p> <p>There was also concern that the prov-regs pharmacists might not be able to perform at their best as under immense pressure. Are they 'fit to sit'; a number of qualified pharmacists are delaying their exams re MSc, IP etc, and it was asked if the GPhC would consider this?</p> <p>The GPhC has set up an advisory group which GF will continue to update the Boards on. Next step will be the implementation of the new registration assessment.</p> <p>The Chair summed up the discussion and concluded by encouraging the RPS to make a statement that reflected the concerns noted. This was supported unanimously.</p> <p>Action: A statement should be drafted to reflect the concern that overseas trainees will not be able to take the examination; this will impact on the trainee, the pipeline in the country concerned and ultimately on patients.</p>	GF
21/02/09.	<p>Inclusion & Diversity (I & D)</p> <p>Agenda item Chair: Jonathan Burton, Chair of the SPB. Led by: Amandeep Doll, (AD) Head of Professional Belonging.</p> <p>Board members were asked to:</p> <ul style="list-style-type: none"> • Inform and shape the RPS Workforce Pledge as part of the RPS I & D Strategy • Note the I & D update and progress paper. <p>Workforce Inclusion and Wellbeing (WIWB) Pledge:</p>	

As part of the Society's I & D strategy, the RPS has committed to a Workforce Inclusion and Wellbeing pledge; this is to ensure a culture of belonging. The aim is for the pledge to be developed jointly with other pharmacy organisations and the ABCD group. The workstream is currently in the scoping phase and, as part of this, Board members' views on such a pledge are being sought; they were also asked to consider what should be included to ensure that the pledge is 'appropriate and meaningful to pharmacy'.

The draft aims of the WIWB Pledge are:

1. To create a culture of belonging
2. An environment where people feel like they can be their authentic selves
3. Nourishes and sustains a safe working culture
4. Supports wellbeing and mental health of individuals
5. Help employers and employees feel less isolated at work
6. The principles of the pledge will be underpinned by guidance on adopting policies and good practice in the workplace
7. Signing up to the pledge will demonstrate commitment to more diversity, inclusion and wellbeing.

It was confirmed that there will be one working group which will include other organisations; it will not be an 'RPS' pledge but a commitment which will be inclusive of the pharmacy profession as a whole; it will incorporate all of the protected characteristics.

A communications' plan has been developed to support the RPS I&D strategy and it will continue to involve the ABCD group around the pledge. The plan also includes quarterly newsletters, a social media campaign and the use of other pharmacy networks to spread the message; the engagement process has started and is ongoing throughout the UK. In Scotland, the Directors of Pharmacy Group is supportive of the pledge and has allocated two of its members to work with the RPS Director for Scotland on this workstream.

The project team work is engaging with other pharmacy organisations and royal colleges

	<p>and is keen to engage with as many individual members as possible to ensure that the pledge is relevant and will make a positive difference to our members' working lives.</p> <p>Board members were asked to consider involvement in the working group; Aman (AD) to email NPB members to invite them. They were also asked for ideas and suggestions to support the development of the pledge.</p> <p>Action: AD to invite NPB members to join the Pledge working group and also the ABCD group.</p> <p>Action: Board members to email ideas and suggestions to AD and Ravi Sharma (RS).</p> <p>Action: Once finalised, AD to circulate the Pledge to all NPB members so that they can sign up to it. (May).</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the Inclusion and Diversity Update. (Paper: 21.02/NPB/09).</p>	<p>AD</p> <p>BMs/AD/RS</p> <p>AD</p>
<p>20/06/10.</p>	<p>Workforce wellbeing</p> <p>Agenda item Chair: Suzanne Scott-Thomas, (SS-T) Chair of the WPB. Led by: Heidi Wright, (HW) Policy & Practice Lead (England)</p> <p>SS-T noted that she had presented to the Welsh Government Health & Social Care Committee that morning at which the issue of workforce wellbeing was raised.</p> <p>HW presented the Workforce Wellbeing paper (21.02/NPB/10) which focuses on the key policy asks of prevention, culture and access to support. Board members were asked to consider areas that should be prioritised and whether there are any gaps.</p> <p>The WFWB page of the RPS website is about to be relaunched and Board members are asked to sign up to support the campaigns and policy asks. In recent months, mental health issues have been very much at the forefront of WFWB and the team would</p>	

welcome examples of best practice from all sectors. The team intends to set up a WFWB action group to support this workstream; Board members will be invited to join this group.

A discussion followed and the following were considered as priority areas:

- Younger pharmacists – not yet qualified. The RPS has been working closely with the BPSA Executive and Pharmacist Support to provide a package of support for students, pre-reg and prov-reg trainees
- Isolated working – feedback seen across a number of areas of practice. It was noted that the RPS is working with Pharmacist Support and have organised a number of events which will consider the issue of isolation. Data from the wellbeing survey shows that isolation is a key issue and to help address this, a workstream is being developed around online communities and additional support RPS can offer
- Observations from within the hospital sector – lack of understanding around having to work from home versus being on the frontline, each has its' own pressures. The RPS is looking at the issues relating to working from home and support required.
- Employers' responsibilities – although governments and NHS bodies are supporting WFWB (e.g. taking breaks) there is a need to work with employers to adopt such approaches. It was agreed that employers are key stakeholders and that they should be involved when considering this matter. Also, there is a need to provide education to patients and the public expectations, that pharmacists need to take a break in the interests of patient safety.
- Protected Learning Time (PLT). The WFWB strategy should include an action plan to ensure that PLT is assured. The Welsh CPhO has 'given PLT the green light in Wales'; this needs to be echoed in other countries.
- Improved PPE.
- Consider how the RPS can support and signpost members to national wellbeing and health programmes, for example: 'Time to Talk'.

	<p>The Chair concluded that WFWB is a crucial workstream; Board members were encouraged to feedback to the Policy team directly and also to advise of planned national programmes.</p> <p>Action: Policy team to invite Board members to join the WFWB action group. Action: Board members to feedback WFWB priorities for the Policy team to consider. Action: Board members to provide information to the Policy team of any planned national WFWB programmes of work.</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the Workforce Wellbeing paper (21.02/NPB/10).</p>	<p>HW Board members Board members</p>
<p>20/06/11.</p>	<p>Brexit</p> <p>Agenda item Chair: Claire Anderson, Chair of the EPB. Led by: John Lunny, Public Affairs Manager.</p> <p>Key issues to highlight that still need to be resolved</p> <ul style="list-style-type: none"> • Medicines supply • Who can work here – a two year reciprocal agreement and how this can be implemented. • EU prescriptions • Falsified Medicines Directive – Government consultation on a potential national scheme • Life sciences <p><u>Falsified Medicines Directive (FMD):</u> It was confirmed that the RPS will look to engage with colleagues to build on and use experiences that will support an RPS consultation</p>	

	<p>response. There was concern that the investment of work and expense that had gone into FMD might be lost.</p> <p><u>Reciprocal working arrangements</u>: Question as to whether such arrangements will continue with European countries now that the UK has left the EU?</p> <p><u>Medicines' Supply</u>: Positive that the government has agreed to the SSP protocol but the protocol is limited. The ability to amend prescriptions for patient benefit should be 'formalised'; it would save time and would utilise the pharmacist's skills. This has been supported by other HCP organisations and patient groups.</p> <p><u>EU prescriptions</u>: Clarification is required around which countries' prescriptions can be dispensed in the UK and whether the RPS can have any influence over this. The PA team to look into this matter to help inform next steps.</p> <p>Action: Public Affairs team to look into the matters raised around the impact of Brexit and report back to the NPBs.</p> <p>The National Pharmacy Boards</p> <p>considered</p> <p>the paper on the impact of Brexit (paper: 21.02/NPB/11).</p>	PA team
21/02/12.	<p>Papers for noting</p> <p>Agenda item Chair and Lead: Jonathan Burton, Chair of the SPB.</p> <p>The National Pharmacy Boards</p> <p>noted</p>	

	<p>the following papers:</p> <p>Board members – responsibilities and functions - (21.02/NPB/12(a)) National Board Elections for 2021 - (21.02/EPB/SPB/WPB/12(b)) Education – quarterly report – (21.02/NPB/12(c)) Science and Research report – (21.02/NPB/12(d)) Policy and consultations – (21.02/NPB/12(e)) Public Affairs – (21.02/NPB/12(f))</p>	
21/02/13.	<p>Any other business</p> <p><u>Annamarie McGregor:</u> The SPB Chair noted that Annamarie will be leaving at the end of February, having worked for the RPS for nearly a decade. During that time, Annamarie’s contribution to the RPS and to the profession as a whole has been outstanding; she leaves behind a ‘fantastic legacy’ and will always be an inspiration. On behalf of himself, Board colleagues and the whole profession, the SPB Chair thanked Annamarie and wished her well in her future roll working with students</p> <p>Annamarie responded by saying that she was delighted to have been in a position to be able to influence improved pharmaceutical care and to have been able to work closely with members. Annamarie assured Board members that she will continue to be engaged with RPS and looks forward to engaging from a different perspective.</p>	
21/02/14.	<p>Dates of next NPB meetings</p> <p>Induction and working day – 22 June 2021 Joint board meeting – 23 June 2021 Joint board meeting – 23 September 2021 (Note:</p> <ul style="list-style-type: none"> • EPB – there is an option for an additional board day if required) • SPB and WPB have the option for 1 additional working days) 	

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The meeting closed at: 12.40pm

Unapproved

Action list:

Item no	Action	By whom	By when
21.02.07.1	Support team to review Wellcome Trust animation re vaccine hesitance	WT	End Feb Completed part of CRT
21.02.07.2	Consideration to be given to collating a historical record of the pandemic	RT/GM	Q1/Q2
21.02.8	A statement should be drafted to reflect the concern that overseas trainees will not be able to take the examination; this will impact on the trainee, the pipeline in the country concerned and ultimately on patients.	GF	End Feb Completed – publication of statement from National Pharmacy Board following February Board meeting.
21.02.9	<ul style="list-style-type: none"> • AD to invite NPB members to join the Pledge working group and also the ABCD group. • Board members to email ideas and suggestions around the WIWB pledge to AD and Ravi Sharma (RS) • Once finalised, AD to circulate the Pledge to all NPB members so that they can sign up to it. (April/early May). 	AD Board members/AD/RS AD/Board members	Feb – completed Q1 – completed Apr/May – completed
21.02.10	<ul style="list-style-type: none"> • Policy team to invite Board members to join the WFWB action group. • Board members to feedback WFWB priorities for the Policy team to consider. 	Policy team Board members/Policy team Board members	Feb – completed Feb – completed Feb – completed

	<ul style="list-style-type: none">Board members to provide information to the Policy team of any planned national WFWB programmes of work.		
21.02.11	Public Affairs team to look into the matters raised around the impact of Brexit and report back to the NPBs.	Public Affairs team	Q1 – Closed – update in Public Affairs Paper

Unapproved

Actions arising from NPB meeting (3 February 2021) – 23 June 2021

	Action	By whom	By when
21.02.07.1	Support team to review Wellcome Trust animation re vaccine hesitance	WT	End Feb Closed
21.02.07.2	Consideration to be given to collating a historical record of the pandemic	RT/GM	Q1/Q2
21.02.8	A statement should be drafted to reflect the concern that overseas trainees will not be able to take the examination; this will impact on the trainee, the pipeline in the country concerned and ultimately on patients. Publication of statement from National Pharmacy Board following February Board meeting.	GF	End Feb Closed
21.02.9	<ul style="list-style-type: none"> • AD to invite NPB members to join the Pledge working group and also the ABCD group. • Board members to email ideas and suggestions around the WIWB pledge to AD and Ravi Sharma (RS) • Once finalised, AD to circulate the Pledge to all NPB members so that they can sign up to it. (April/early May). 	AD Board members/AD/RS AD/Board members	Closed Closed Closed
21.02.10	<ul style="list-style-type: none"> • Policy team to invite Board members to join the WFWB action group. 	Policy team	Closed Closed

Actions arising from NPB meeting (3 February 2021) – 23 June 2021

	<ul style="list-style-type: none"> • Board members to feedback WFWB priorities for the Policy team to consider. • Board members to provide information to the Policy team of any planned national WFWB programmes of work. 	<p>Board members/Policy team</p> <p>Board members</p>	<p>Closed</p>
21.02.11	<p>Public Affairs team to look into the matters raised around the impact of Brexit and report back to the NPBs.</p> <p>This remains open; PA team are monitoring</p>	<p>Public Affairs team</p>	<p>Open</p>

National Pharmacy Board meeting – 23 June 2021

Title of item	Independent Prescribing
Author of paper	Jonathan Lloyd Jones
Position in organisation	Policy and Engagement Lead, Wales
Telephone	+44 (0) 207 572 2340
E-mail	Jonathan.Lloydjones@rpharms.com
Item to be led at the meeting by	Jonathan Lloyd Jones / Elen Jones, Director, Wales
Headline summary of paper	Update on the progress of the independent prescribing project and to seek further input for the ongoing campaign approach.
Purpose of item (decision / discussion)	Discussion
For consideration	The boards are asked to consider the questions outlined in this document.
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

Questions for consideration:

1. We have created a campaign to promote pharmacist prescribing. The campaign is based on our policy asks. What should we prioritise as campaign topics/calls? Are there any specific issues since the publication of the policy we should be aware of?
2. What stakeholder relationships across the three Boards could support and inform the success of this project? Are you aware of developments, challenges and key stakeholders?
3. We want to continue working with board members who have an interest and/or expertise in independent prescribing to advise and support the work we are doing and help us lead the profession. If any new board members would be interested in being a part of this work please let us know.

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 project is underpinned by the need to establish new opportunities for Pharmacist Independent Prescribers (PIPs) to practice across the NHS and to support PIPs with their professional development throughout their prescribing careers.

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

- Further advance the use of PIPs across all sectors of practice in England, Scotland and Wales.
- Champion pharmacist access to Independent prescribing training
- Better understand the current and future needs of PIPs
- Enable RPS to provide appropriate and tailored services, products and resources in order to support pharmacists professional prescribing practice.
- Explore ways of working around non-medical prescribing support and tools and where there is value in collaboration with other royal colleges and professional bodies.

It has been identified that the project will require a broad approach to successfully lobby governments, educational and NHS organisations for change, to create new products, offer new and engaging events, and to promote the existing RPS resources to support prescribing practice and professional development.

Summary of activity/achievements to date:

Structure of internal project

- The cross departmental RPS project team was established in January 2021. The group meets once a fortnight to prioritise, share intelligence and drive this work forward
- The group has considered the barriers and challenges identified by the Short Life Working Group on PIPs which concluded its work in October 2020
- The group has collectively inputted into a project outline and agreed clear deliverables for 2021
- Assessment of the benefits and risks for RPS have been identified by the group
- Key Performance indicators have been drafted by the group.

Policy

- We recognised that our 2018 PIP policy needed updating to reflect the current landscape. 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
- We have engaged with the NHS England and Health Education England regarding
- Significant stakeholder work has been undertaken to explore how we can work with others and best support pharmacist prescribers. This includes:
 - Regular calls with governments across Great Britain
 - Regular calls with other pharmacy stakeholders such as the GPhC, Community pharmacy bodies and the NHS.
 - Regular calls with pharmacy education providers
 - Regular calls with stakeholders from other healthcare professional, particularly other royal colleges / professional bodies for professionals with prescribing rights.
- Set up an email address to support member engagement (IP@rpharms.com), this has supported us to engage with a large number of IPs across Great Britain
- Regular engagement with practicing PIPs to showcase their work and explore their views.

Sharing best practice

- We have had two IP Showcase events in February and May 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 (125 attended). The second for long term conditions with 209 registrations (118 attended). The feedback has been excellent.

Guidance and support

- Currently in the process of refreshing the RPS Framework for all prescribers. We've had 261 responses to the open consultation. We are reviewing these and develop the next iteration for discussion with the steering group. Once we get to sign-off, we'll be putting together a Welsh Language Version, arranging endorsements and going through a design process + put implementation tools together with the aim of publishing in Q4
- We re-design of the practical guides for pharmacist prescribers page to make the information more accessible.
- 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.

Next steps

- Continue to work with stakeholders and members to pinpoint how the RPS can best support pharmacist prescribers
- Continue to lobby to ensure all the recommendations outlined in our policy document become reality.
- Continue to engage with PIP across GB to showcase their work. Using board contacts to identify more is helpful.

National Pharmacy Board meeting – 23 June 2021

Title of item	RPS Genomics and Personalised Medicine
Authors of paper	Ravi Sharma, Director for England, Royal Pharmaceutical Society
Position in organisation	Professor Luigi Martini, Chief Scientist, Royal Pharmaceutical Society
Telephone	020 7572 2737
E-mail	Ravi.sharma@rpharms.com Luigi.Martini@rpharms.com
Item to be led at the meeting by	Ravi Sharma
Headline summary of paper	An action in the National Pharmacy Boards business plan for 2021 is to raise awareness, advocate, and support members in the area of genomics. This paper outlines the work undertaken to date and to discuss the proposed approach and scope for the project.
Purpose of item (decision / discussion)	Discussion
For consideration	The boards are asked to consider the questions outlined in this document
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project's success, have an impact on RPS reputation and external relationships. • Capacity pressures at RPS and potential negative impact on delivery • Lack of engagement with members and experts • Lack of engagement and collaboration with key stakeholders/organisations
Resource implications	<ul style="list-style-type: none"> • Staff time

RPS Genomics and Personalised Medicine

Questions for consideration:

1. We are currently in the initial phase of scoping the RPS Genomics and Personalised Medicine project.
 - a. Are the aims and ambitions of the project outlined in the paper what board members would like to see from the RPS?
 - b. Is there anything the board members feel has been omitted from the aims and ambitions?
 - c. What should the focus of the RPS to support this expanding and evolving role?
 - d. When thinking about the above questions, consider how will we measure the impact of our activities? How will we know we've contributed to positive change?
2. What do the boards feel the key challenges and enablers are for pharmacists to play a more active role in genomics and personalised medicine?
3. What stakeholder relationships across the three Boards could support and inform the success of this project? Are you aware of developments, challenges, and key stakeholders?
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. If any board members have interests or expertise in this area, then please let us know if you would like to be part of the project working group.

Background:

Genomics is the study of the body's genes, their functions and their influence on the growth, development and working of the body – using a variety of techniques to look at the body's DNA and associated compounds. The NHS is a world-leading healthcare system in its use of cutting-edge genomic technologies. Through embracing such advancement, it will deliver faster and more accurate diagnoses for inherited and acquired disease, personalised treatments, and interventions so they are more effective and predict and prevent certain conditions before they develop.

Our genome is only around 0.1% different from any other person's but that equates to 3 million differences in our DNA. This is what makes us different from each other. Inter-individual variations are a result of inherited genetic differences combined with environmental and lifestyle factors. By analysing information on the genome with diagnostic and clinical information, trends can be generated. Combining such information could help identify individual risks to developing diseases, detecting illness earlier, providing an accurate diagnosis, and determining the most effective interventions to help improve health through pharmacological or non-pharmacological interventions.

Whilst all medicines must demonstrate clinical effectiveness before being given a license in the UK, prescribing guidance is based on 'cohorts' of patients which contain a lot of individual variations. Therefore, recommended dosing ranges are based on the safe and effective use on most people rather than an individual. Consequently, response to therapy with respect to effectiveness and safety varies widely. Inter-individual genetic variations can influence the drug efficacy and toxicity.

Medicines are one of the main healthcare interventions in westernised societies. With an ageing population that is living for longer and being diagnosed with more long-term conditions, the use of and reliance on medicines is continuing to increase. The estimated total National Health Service (NHS) spend on medicines has grown from £13 billion in 2010/11 to £20.9 billion in 2019/20 (England), in which most medicines prescribed and dispensed provide significant patient benefit. However, adverse drug reactions (ADRs) contribute to 5-8% of hospital admissions in the UK, with most of these believed to be preventable with better and safer prescribing. Furthermore, many of the currently available drug treatments are only effective in between 30%-60% of treated individuals, therefore, having a greater understanding of the relationship between the genome, drug efficacy and metabolism would enable personalised medicines prescribing decisions which could enhance response to treatment, reduce ADRs, reduce cost and pressure on healthcare systems and improve patient care and safety.

Personalised medicine is a move away from a 'one size fits all' approach to the treatment and care of patients with a particular condition, to one which uses emergent approaches in areas such as diagnostic tests, functional genomic technologies, molecular pathway, data analytics and real time monitoring of conditions to better manage patients' health and to target therapies to achieve the best outcomes in the management of a patient's disease or predisposition to disease.

Personalised medicine will provide 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.

Personalised medicine may include treatments that fall into the following categories:

1. Gene therapies and advanced therapeutic medicinal products (ATMPs), e.g. CAR-T therapy
2. Targeted treatment where access is based on a genomic test result, e.g. targeted chemotherapy
3. Histology-independent or tumour-agnostic products, a new class of cancer therapies for tumours that express a genomic alteration, regardless of where in the body the cancer originated, e.g. neurotrophic tropomyosin-related kinase (NTRK) inhibitors
4. Pharmacogenomic test guided therapy, e.g. abacavir and HLA-B*5701 or fluoropyrimidines and DPYD.

It is important to note that successful pharmacogenomics trials across primary and secondary care have been conducted across the world. A number of successful pilot trails conducted in USA, Canada, Netherlands and Norway have demonstrated the importance of pharmacists' leadership and diverse role in the delivery of personalised medicine services.

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

What we are looking to achieve

The aims and ambitions for the Genomics and Personalised Medicines project are to:

- Work collaborative with stakeholders to further advance the role of pharmacists across all sectors of practice in England, Scotland and Wales.
- Raise the awareness and profile of the leadership role that pharmacists play in genomics and personalised medicines.

- Become a natural 'home' for all pharmacists with an interest/expertise in genomics and personalised medicines, providing support, resources, and a professional network.
- Be the 'go to' professional network and forum to connect pharmacy teams with an interest/expertise/working in genomics/personalised medicine.
- Develop the professional network to share/discuss best practice, drive collaborative working, share development opportunities (e.g. events/education support), support links with other genomics forums and discuss key challenges.
- Have input from various Expert Advisory Groups to ensure alignment and thinking across the profession and various areas of practice.
- Work with the Pharmaceutical Journal (PJ) to showcase good practice and learning opportunities.

Summary of activity/achievement to date

Stakeholder work

- Initial stakeholder work has been undertaken across England, Scotland and Wales to explore how we can work with others and the best way to support pharmacists in this area. This includes:
 - Regular calls with NHS England/Improvement, NHS Scotland, NHS Wales, Clinical Fellows, Regional Senior Responsible Officers (SROs) for Pharmacy/Genomics and education providers
 - Invitation to fortnightly meeting with NHS Genomic Medicines Service Alliance regional SRO Pharmacy Leads in England.
 - Monthly meetings with genomics lead at Hwb Cymru
 - Regular calls with leadership organisations
 - Plans to engage with members regarding genomics and personalised medicines from August 2021 as part of RPS Live

Policy

- In 2019, the RPS Science and Research team conducted an evidence review of the impacts and roles that pharmacy teams were playing in established genomics and personalised medicines services across the world. As part of our scoping work, we will look to refresh the evidence base to help with our key messaging and helping to raise the profile of the profession.
- A member of the Royal College of Physicians (RCP) and British Pharmacological Society (BPS) 'Pharmacogenomics in the NHS' working group. RPS presented evidence at this group regarding the role and impact pharmacists can have in leading the implementation and delivery of pharmacogenomics as part of a multidisciplinary team. A report is in the

development which will produce a series of recommendations to the NHS across the UK.

- In England, RPS has been confirmed by the NHS and Chief Pharmaceutical Officer as the national clinical professional network for 'Embedding Genomics into Pharmacy Practice'. We will now engage with stakeholders in Scotland and Wales about whether the same commitment could be established.

Next steps

- To discuss and agree the direction of travel with the Country Boards and Science and Research Committee (SRC).
- To set out a key project plan including actions, timelines and responsibilities
- To focus on delivery of the project plan
- Continue to work with stakeholders and members to pinpoint how the RPS can best support pharmacists in genomics and personalised medicines.

Recommendation:

We recommend that this project continues to go ahead as part of the National Pharmacy Boards Business Plan 2021. We would value a discussion with board members on the proposed questions in the paper and to help identify what our key priorities are to inform the strategic direction of the project.

National Pharmacy Board meeting – 23 June 2021

Title of item	Inclusion and Diversity Update
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update and forward planning for Q3 and Q4 2021
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge • Staff absence and sickness
Resource implications	RPS Staff time

Inclusion and Diversity Update

Background

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

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

Summary of activity/achievements to date

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

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

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

To date 411 members across the profession have joined, demographic data of the group:

- 83% pharmacists, 2.4% pre-registration students, 1.7% pharmacy techs, 0.2% pharmacy support staff, 1% pharmaceutical scientist and 12% other
- Predominantly from hospital (28%), community (21%) and academic (16%) areas of practice
- 72% women and 28% men
- 10% have stated they have a disability
- 63% are from a Black, Asian and Minority Ethnic community
- 8.5% are from the LGBTQIA+ community

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

- a. Development of a series of microaggression references to support members of the profession to identify what microaggressions are and the implications of such actions. We have developed a [Race Microaggression Reference](#) accompanied by a [workshop](#) to support the use of the reference, explain what micro-aggressive behaviour is and what to do if you have been a victim or witnessed such behaviour. We are currently developing a Disability Microaggression Reference which will be launched in July 2021. Sexuality and Gender Microaggression references will be developed throughout the year.
- b. With ABCD volunteers we have developed a number of reference groups who are sharing their experiences of working in pharmacy and informing us of how we can shape our resources, events and celebrations for particular groups. These include:
 - **Ability Reference Group:** we have met to discuss attitudes to disability in pharmacy and to help shape our disability awareness campaign launching in December 2021.
 - **LGBTQIA+ Reference Group:** we have met to discuss attitudes to sexuality and the importance of inclusive language and not making assumptions. The group are also helping to shape PRIDE celebrations.
 - **Women in Leadership Design Group:** volunteers are helping design the agenda and content of our next Women in Leadership event being held in July.
- c. Following each of the ABCD meetings, a number of individuals have been inspired to share their experiences of working in pharmacy. Examples include individuals sharing their experiences of having a visible and non-visible disability, the importance of visibility of LGBTQIA+ role models and inclusive language. One blog in particular from a pharmacy student has resulted in Health Education England (HEE) reviewing the ORIEL platform to ensure accessibility information is clearly stated we are also supporting HEE to run a Equality Impact Assessment Workshop to consider the ORIEL platform on all protected characteristics.
- d. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

2. RPS Inclusion and Wellbeing Pledge

We have launched our [RPS Inclusion and Wellbeing Pledge](#). The pledge has been created with members of our profession, we ran four focus groups where attendees informed us of their views and experiences, alongside these we engaged with more than 20 organisations across the profession, including unions, employees, the NHS, regulators, pharmacy schools and students. It has been great to hear the continued support for our Inclusion and Diversity and Wellbeing work, as well as feedback on how we can take this forward in a long lasting and meaningful way.

The pledge can be signed by individuals, teams and organisations. With the aim to foster a culture of belonging and wellbeing for all members of the pharmacy profession.

It will be underpinned by resources and guidance to create fair and transparent processes and support visibility, representation and progression across groups.

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

We ran an anonymous survey to collect EDI data from our members from January to April. We will be presenting the data to Assembly in July and using the data internally to provide us with more information on the demographics of our membership.

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

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

4. Inclusive Pharmacy Practice - Health Inequalities

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

England: We have worked with NHSE/I and APTUK to produce a [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working collaboratively to deliver actions under each of the themes, evaluate progress and to support in delivery of the second national Roundtable event in July. We are also hosting a joint webinar with NHSE/I and APTUK to showcase how RPS is addressing diversity in senior leadership within the organisation.

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

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

5. Advocacy Asks

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

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

6. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment template, which has been piloted on the Consultant Pharmacist Credentialing Process. We will be running a EQIA workshop on [RPS Post-registration Foundation Pharmacist curriculum](#) and one considering our live online events.

An EQIA process and training is being developed to introduce EQIAs to new products.

7. Consultation Responses

a. GPhC Equality, Diversity, and Inclusion Strategy

We are submitting a response to the GPhC on their Equality, Diversity and Inclusion Strategy. The response will be shaped through engagement with the RPS Early Career Pharmacist expert group, RPS National Board members and a workshop for ABCD members and RPS members more broadly to feed in their thoughts to our response.

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

b. Welsh Government proposed Race Equality Action Plan for Wales 'An Anti-racist Wales'

We responded to an open consultation on the Welsh Government's proposed Race Equality Action Plan for Wales.; '*An Anti-racist Wales*'. The response endorsed the 'anti-racist' approach and highlighted the RPS' own anti-racist statement published earlier this year. Detailed comments were provided on the actions included in the section focused on 'health services and health outcomes' which focused on the themes of leadership and accountability, workforce data and intelligence, access to health services and tackling health inequalities. Throughout we highlighted issues of importance to pharmacy and signalled our ambition to work with and support Welsh Government once the action plan is finalised.

c. Women's Health Strategy: Call for Evidence

An organisational response has been submitted to the Department of Health and Social Care's open consultation seeking to collect views on women's health. We ran a workshop open to both members and non-members of the RPS to inform our consultation response. We heard both from personal experiences and the impact women's health inequalities have on a personal level and the role pharmacy staff can play in addressing these in the services they provide.

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

To support with ensuring there is visibility and representation for pharmacy students, we are working with the Pharmacy Schools Council to ensure pharmacy students are exposed to a diversity of personal backgrounds, skills and areas of practice through their pharmacy degree. We are exploring the option of building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas.

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

9. Antiracism Statement

With Assembly we have released [an RPS antiracist statement](#) and stance for the organisation. The statement states the organisation position on being actively anti-racist and a list of actions we will be undertaking as part of this.

A panel discussion was held with Paul Bennett and RPS members to discuss the importance of taking on an antiracism stance and how allyship plays an important role in removing barriers and addressing racial inequality.

To continue and encourage meaningful constructive discussion across the profession we have held an Allyship workshop to discuss what privilege means, and the ways in which white people can engage with people of colour to promote Allyship. The session also covered racial stereotyping, cultural appropriation, feminism and race and shared important resources. We will continue to run workshops and events to encourage these discussions further.

10. Skills Recognition Scotland

Skills recognition Scotland is a pilot project set up to reduce Scotland's skills gaps by formally recognising and accrediting the skills and qualifications of people from overseas who have come to Scotland for a number of reasons.

The project is looking to remove some of the barriers migrants and refugees face when trying to work by providing training and matching them with employers. Pharmacy, along with engineering, have been part of the initial phase of this pilot. As part of the project, the pharmacists have their RPS fees paid for them.

We were then asked to support by explaining what the RPS does and the resources we can provide to help them. We met with students and gave a presentation which showed them everything RPS has to offer and answered any question they had. This was also recorded to allow those who could not attend the opportunity to watch at a later date. If the pilot is expanded this support is something we would look to offer on an ongoing basis.

11. Drumbeat Events and Celebrations

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

- LGBTQIA+ History Month:
 - We had a number of blogs from different members from the LGBTQIA+ community sharing their experiences
 - The February ABCD meeting was focused on LGBTQIA+ celebrations and discussing the importance of representation, visibility and inclusive language. We also considered how we can deliver more inclusive patient care to LGBTQIA+ patients and people.

- Women in Pharmacy:
 - We celebrated International Women's Day sharing some quotes of women within or work closely with the RPS on the importance of gender equality
 - Across the month of March we held a number of online live events to highlight the different roles women are undertaking in Pharmacy, such as Women in Technology, Women in Leadership, Women In Science and Research. We also considered the impact of the caring burden on women during COVID.
 - Paul Bennett wrote a blog on the importance of allyship for women to ensure there is gender inequality.

Over the coming months we will be celebrating Windrush Day and South Asian Heritage Month.

12. Positive Engagement and Impact

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

We have received good engagement and feedback from the live events and workshops that we are hosting around Inclusion and Diversity.

Next steps

The table below indicates the activity we have coming up in Quarter 3 and 4 of this year and our key priorities.

OPEN BUSINESS

Activity	June	July	Aug	Sept	Oct	Nov
Co-create a yearly calendar of events and an annual I&D in pharmacy event.	Ongoing					
Continue to work with key stakeholders and pharmacy organisations to embed the RPS Inclusion and Wellbeing Pledge and to share best practice across the profession						
Working with NHS England, Association of Pharmacy Technicians UK (APTUK), Welsh and Scottish National Health organisations to reduce health inequalities						
Analyse the RPS member EDI data						
Work with Pharmacy Schools Council to ensure visibility and diversity across Pharmacy Schools						
Launch comms plan on RPS Fellowship Panel Recruitment						
Evaluate the implemented changes of the RPS fellowship process and review further steps						
Launch family friendly policies and guidelines to fair hiring panels						
Addressing barriers to Black Asian and Minority Ethnic and gender representation and leadership (progression and representation)	Ongoing					
Address Black students' awarding gap at both undergrad and post graduate level.	Ongoing					
Development and launch of microaggression references						
Scope out the aims and objectives of the Disability Awareness Campaign						
Publish RPS Gender, Ethnicity and Disability Pay Gap Reports						

National Pharmacy Board meeting – 23 June 2021

Title of item	RPS Inclusion and Wellbeing Pledge
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	
E-mail	Amandeep.doll@rpharms.com
Item to be led at the meeting by	Amandeep Doll/Ravi Sharma
Headline summary of paper	Update on RPS Inclusion and Wellbeing Pledge and all Board members to sign up
Purpose of item (decision / discussion)	Discussion
For consideration	All board members to sign up to the pledge at the meeting. Need to consider how to ensure the pledge has a positive impact on the culture of belonging on the profession and addresses the significant workforce wellbeing issues highlighted in the RPS Wellbeing Survey.
Risk implications	<ul style="list-style-type: none"> • Ensuring continued engagement with the pledge by members and the profession • Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge • Loss of interest in demonstrating the pledge commitments
Resource implications	Impact on RPS staff. We will continue to monitor the volume of activity and enable additional support as and when needed

RPS Inclusion and Wellbeing Pledge

Questions for consideration:

- Each board member to sign up to the pledge and what positive action can board members undertake to demonstrate their commitment?
- Do you have examples of best practice amongst your networks that you can share with us?

What we are looking to achieve:

We will continue to engage senior sponsors across the profession to lead the campaign and embed the RPS Inclusion and Wellbeing pledge.

- We will work to ensure a GB wide approach to this.
- We will work to ensure all practice areas of pharmacy are committed to the pledge and embedding its principles.
- We will work to ensure employers are engaged with this pledge, working with their Inclusion & Diversity and HR leads on how best to deliver the commitments.
- We will reach out for best practice from across our profession and share this with all who have signed up to the pledge and the wider profession.

Background

Inclusion and Diversity

As outlined in our five year [Inclusion and Diversity \(I&D\) strategy](#) we have committed to create the RPS Inclusion and Wellbeing Pledge with and for our profession to support one of our strategic priorities: To create a culture of belonging.

The Inclusion and Diversity stakeholder engagement workshop held in October 2019 highlighted the need to champion I&D and support managers to create a sense of belonging. We want to create a culture of belonging across the profession which is inclusive and celebrates our diversity and everyone feels like they can be their authentic selves.

Workforce Wellbeing Survey

The RPS and Pharmacist Support Wellbeing survey has highlighted the mental health difficulties that pharmacists face every day. Further detail on the survey and

the recommendations can be found here: <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

We want to create a culture in pharmacy that actively protects and enhances mental health and wellbeing by empowering individuals to look after their own wellbeing and encouraging others to do the same.

Creating the right working conditions and culture for good mental health and wellbeing in pharmacy and actively providing and signposting to support where appropriate without stigma.

The right working environment can bring the best out in everyone and fosters talent, community and innovation and help people feel less isolated at work. Being considerate and understanding of each other's diversity will result in culturally considerate care for patients and members of the public regardless of their background, resulting in the delivery of better health outcomes for the communities they serve.

People who feel they can be their authentic selves in the workplace perform better, are more creative and contribute more. They are more comfortable reporting mistakes and starting important conversations. This ultimately nourishes and sustains a safe working culture.

Developing the Pledge

We have developed the [RPS Inclusion and Wellbeing Pledge](#) in discussion with the profession, listening to pharmacists, pharmacy technicians and the wider pharmacy teams about that issues that affect them, the challenges they face and what needs to change.

By developing a pledge that commits individuals and organisations to take personal and collective action, we hope that the importance of developing such a culture becomes widespread across the profession.

The content of the pledge has been shaped by the views and experiences of our members and the wider pharmacy team. A series of focus groups, open to members and non-members as well as our Action in Belonging, Culture and Diversity (ABCD) and Workforce Wellbeing Action (WWAG) Groups highlighted key issues such as culture, leadership, working practices including the importance of flexible working and breaks and access to support. Removing the stigma around mental health and treating colleagues as individuals so they are empowered to be their own, authentic selves.

We also had a reference group with key stakeholders that will be crucial to making change happen, bringing together more than 20 organisations from across the profession including unions, employers, the NHS, regulators, pharmacy schools and students. The organisation who have signed up can be found here:

<https://www.rpharms.com/recognition/inclusion-and-diversity/pledge/testimonials>

Who is the pledge for?

This pledge applies to all that work in pharmacy. Pharmacy teams are made up of different members, including technicians and support staff, all members of the pharmacy team play an important role and we need to ensure everyone feels welcome regardless of their role and background.

Next Steps

The principles of the RPS Inclusion and Wellbeing Pledge will be underpinned by guidance on adopting policies and good practice within the workplace. We will highlight and signpost to following information:

- Guidelines to improve hiring panels
- Family friendly policies
- I&D and workplace harassment policies
- Guidance on how to speak up around I&D issues
- Working environment – including workplace adjustment policies (including access/adaptation within built environments)
- Practical tips and suggested action points for employers and employees to strengthen their experience of belonging in the profession.
- Access to mental health and wellbeing support
- Preventative measures – including protected learning time and an environment where leadership prioritises wellbeing

We will be regularly following up with individuals, organisations and teams who have signed up to the pledge to see how they are getting on and providing opportunities to share best practice and experience through a variety of platforms and our ABCD and WWAG meetings.

National Pharmacy Board meeting – 23 June 2021

Title of item	Development of RPS Connect
Author of paper Position in organisation Telephone E-mail	Clare Morrison Director for Scotland 020 7572 2220 clare.morrison@rpharms.com
Item to be led at the meeting by	Clare Morrison
Headline summary of paper	RPS Connect is a new digital networking service that aims to bring RPS members together to reduce professional isolation, learn from each other, share best practice and be better supported. This paper provides an update on progress with the project and asks questions about the future. The paper is also designed to provide some background for new RPS Board members on RPS Connect which is an important service development for RPS members – with apologies to continuing Board members who have had a previous verbal report on the background section.
Purpose of item (decision / discussion)	To confirm that RPS Connect delivers what Board members requested, and to discuss how Board members want to be involved in the early use of RPS Connect as well as its long-term use to engage with RPS members.
Risk implications	<ul style="list-style-type: none"> • Lack of membership participation/engagement • Inadequate moderation, governance and curation • Insufficient capacity of RPS team to develop and embed platform • Technology barriers Mitigation in place for all risks
Resource implications	None for consideration. This project is within the existing allocation for supporting membership networking.

DEVELOPMENT OF RPS CONNECT

Questions for consideration

- Does RPS Connect deliver the action on the National Boards' business plan to bring members together through digital networking?
- Would Boards like to be involved in the early adopter phase of RPS Connect?
- How can Boards use RPS Connect in the longer term to better involve RPS members in the work of Boards, both in terms of gathering intelligence on what matters to members and sharing information from RPS?

What we are looking to achieve

- Confirmation that RPS Connect is what was expected by Board members
- Board member engagement and involvement with RPS Connect
- Stronger links between RPS and its members, including between Boards and RPS members

Background

What is RPS Connect?

RPS Connect is a new digital service that will enable RPS members to connect with each other in a safe space. It will provide professional networking opportunities to learn, share best practice and to ask questions. It will also enable communication between RPS members and staff. Altogether, RPS Connect will be a vibrant pharmacy community that will reduce professional isolation and bring pharmacists together.

RPS Connect will be launched in Autumn 2021. The development of the service was announced on 21 May 2021 via this [release](#).

Rationale for RPS Connect

The National Pharmacy Boards recognised the need for RPS to develop a digital networking service, and this was identified as an action in the 2021 business plan. The rationale is based on four factors:

1. The Covid pandemic has changed the way in which all services are offered, creating a need to move to a digital first approach.
2. The RPS mental health and wellbeing survey in autumn 2020 demonstrated that many pharmacists are feeling isolated, highlighting the need for improved networking opportunities.
3. Although there are some successful RPS Local groups, there is little activity in many parts of GB resulting in the majority of RPS members not having access to this type of networking. A new digital option could compliment RPS Locals, enabling the creation a blended model of digital and face-to-face events.
4. Current online networking opportunities in pharmacy are insufficient, which means there is a gap for RPS to fill.

Development of RPS Connect

In December 2020, a project oversight group was created with representation from across RPS teams, with representatives of: country teams, membership, events, education, technology, RPS locals, communications, support team, business solutions and science & research.

From January to April 2021, the group's work comprised three areas:

- Understanding the need
- Scoping the technology
- Planning the structure

Development: understanding the need

In January to March 2021, a number of activities were undertaken to understand membership views on the creation of an online community. These included a survey, focus groups, individual engagement and discussions with the National Pharmacy Boards.

The overarching conclusions from these activities were:

1. Overall, there is support for creating an online community. Discussions at focus groups and with individuals were overwhelmingly supportive, although this is to be expected given they self-selected to participate in the process.
2. Differences in opinion were clear between pharmacists at different career stages, with more enthusiasm for online networking among pharmacists who had worked for less than 10 years than those who had worked for more than 11 years.

3. Current online networking opportunities are insufficient. Although many people commented on local/own organisation networking being in place, there is an unmet need for wider networking. In particular, people talked about existing communities having poor behaviour or being “cliquey”, which put them off joining or actively participating. A consistent theme from members was that RPS should provide a safe space for networking, behind a membership wall and with all contributors to have a profile page to prevent anonymous posting.
4. The purpose of an online community needs to be clearly defined. It must have good governance arrangements (addressing issues such as security, privacy, expectations and behaviours), moderation and organisation/curation.
5. RPS staff and elected members should be involved in the online community to drive activity, contribute professional content and enhance direct engagement with members.

Development: scoping the technology

The scoping with RPS members identified the core functionality of RPS Connect as:

- One overarching community with open and closed sub-communities
- Access via RPS single sign on
- User profile page
- Live feed of activity plus filtered view to groups/topics
- Direct 1:1 messaging with others
- Sharing content and links
- Search functionality (other members, content, posts)
- Integrated with other RPS services
- Moderation
- Simple and intuitive to use, mobile friendly

This list was used along with other internal requirements (cost of platform, cost and time to set up, ease of integration, and longevity of the platform) to scope potential platforms.

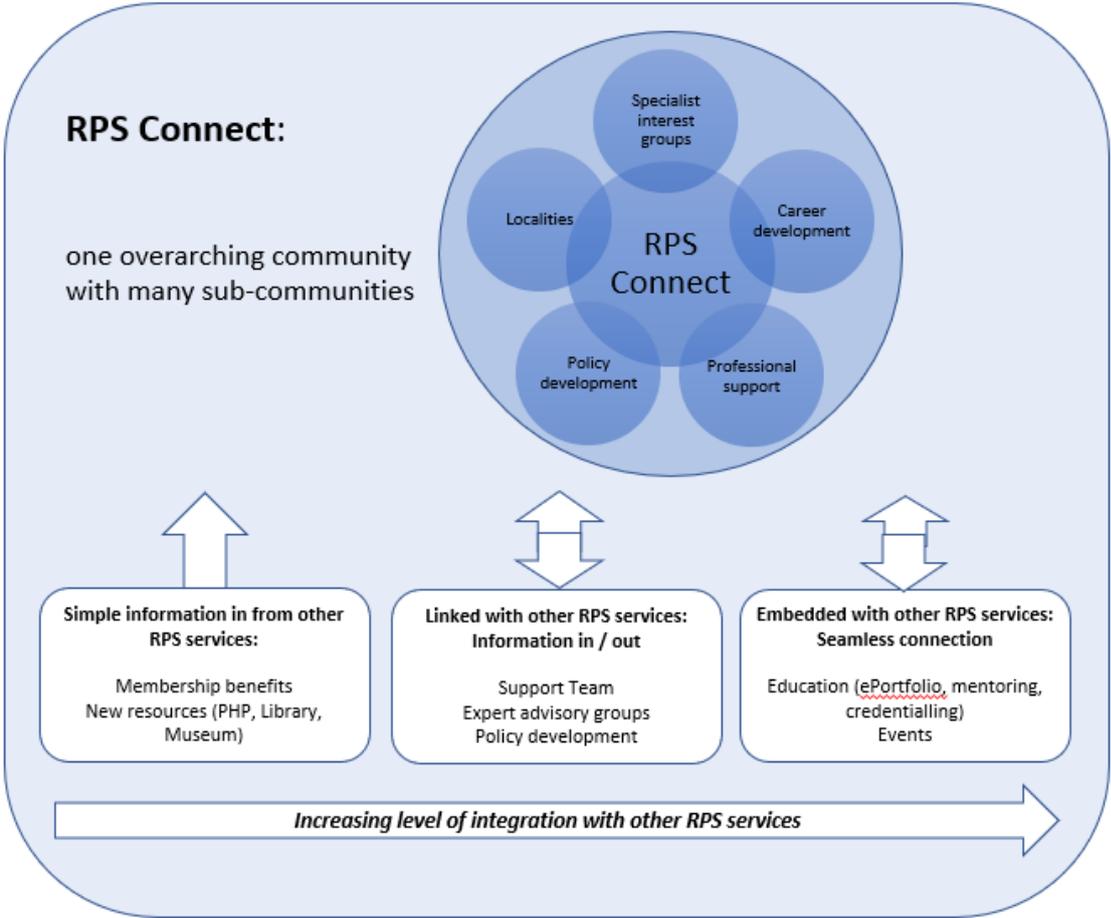
An initial scope of all available platforms was undertaken resulting in a shortlist of 7 technology options. On further exploration of integration with the RPS architecture, this was further narrowed down using the requirements identified as part of the initial scoping.

Demonstrations of options, and consideration of RPS architecture integration and pricing, resulted in the choice of Salesforce Communities.

Development: planning the structure

A key feature of RPS Connect is that it will be embedded into other RPS services. It will not be treated as a standalone, forum-style networking platform. Instead, RPS staff right across the organisation will actively use RPS Connect, providing a source of continually refreshed content in order to attract members to participate, and providing a new route for members to be aware of and use other RPS services.

This model of embedding RPS Connect into RPS was developed with staff. User journeys were mapped with the Support Team, Education Team, Policy Team, RPS Locals and Expert Advisory Groups. These all demonstrated the potential of an embedded model, which is illustrated as:



- *Recognition for RPS:* delivering a high quality professional networking service would be seen as a positive function by members and external stakeholders; active participation in RPS Connect communities involved in policy development would strengthen RPS position to speak for pharmacy.
- *Driving member benefit:* an ability to link into vibrant online communities for professional development, networking and influencing policy will be highly beneficial for an increasing proportion of membership as RPS connect is linked into more RPS services.

Anticipated uptake of RPS Connect

In order to plan for the implementation of RPS Connect, modelling was undertaken on anticipated uptake. An industry standard for introducing networking was considered: this is achieving 10% of the membership engaging as general users within year 1, and 10% of that group as super-users (ie, frequent activity). Potential engagement across key areas was mapped against existing RPS groups where networking functionality had been identified during the scoping phase as beneficial, and the 10% figure was considered achievable.

Further confidence was gained from the previous RPS online networking service (until 2016) which had been accessed by 29% of the membership. The technology used in this previous service had become out of date so the use of modern technology, combined with increased acceptance of digital platforms as a result of Covid, suggest at least 30% of the membership will be interested in the new RPS Connect offer.

Finance

RPS Connect has been developed and its ongoing costs will be funded from existing resource that had been previously allocated for supporting membership networking. Costs are within existing allocations.,

A full business case was submitted to and approved by the Executive Team in May 2021.

Recommendations

It is recommended that the development of RPS Connect continues

Current activity (June 2021)

A contract has been signed with the technology provider (Salesforce) and work is ongoing to design and create the RPS Connect platform. It is hoped to be ready to begin early adopter testing with some small groups of RPS members and staff in July 2021. Although the platform will not at this stage be fully integrated into all other RPS systems, integration with the new CRM and single sign on access will be in place.

In June, early adopter groups will be recruited. It is hoped this will also include: National Boards, at least one RPS Local group, one expert advisory group and one career stage group. Others may be considered too. The aim of the early adopter phase is to assess the platform against some key criteria around its functionality, ease of use, whether it delivered what was wanted and how likely the user is to continue to use it. This will allow changes to be made, if necessary, before the full scale launch in the autumn.

Other work that has started and will continue over the next three months is:

- Building the communities to create the overall RPS Connect community and sub-community structure
- Completion of governance, such as terms of use and privacy policies
- Embedding RPS Connect functionality into processes for RPS teams
- Staff recruitment to support RPS Connect, both the initial phase and the longer term guardianship of the service
- Communications (internally and externally)

This will lead up to the planned launch of RPS Connect in the autumn.

Monitoring progress

Over the next few months, progress against a project plan will be monitored by the project oversight group. Once RPS Connect is launched, the most important key performance indicator to be used is the uptake of the service by RPS members. Further indicators will include engagement, activity, service integration and membership impact.

Conclusion

RPS Connect will bring pharmacists together to reduce professional isolation, learn from each other, share best practice and be better supported. It is also hoped this will be a valued service for RPS members. It will compliment developments of RPS Locals and support delivery of other RPS Member services.

National Pharmacy Board meeting – 23 June 2021

Title of item	Science, Research and Museum update to National Pharmacy Boards
Author of paper	Gino Martini
Position in organisation	RPS Chief Scientist
Telephone	Tel: 0207 572 2214; Mob: 07543 551 900
E-mail	Luigi.Martini@rpharms.com
Headline summary of paper	The paper summarises activities of Science & Research Team and the Museum
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	N/A

SCIENCE, RESEARCH AND MUSEUM UPDATE TO NATIONAL PHARMACY BOARDS

1. Background

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

2. Science and Research Team activities

The research team continues to provide support to other RPS teams/workstreams through internal research support requests, along with our external research work. As part of our research team support function, we have delivered, and continue to deliver, the following activities:

- **COVID-19:** continue to support the intelligence and research function of the COVID response team, including the production of a weekly bulletin containing the latest updates and developments to help inform and prioritise RPS activities. External media activities included:
 - Calling for a validation process for private COVID-19 tests to ensure they undergo quality and assurance checks to meet all safety requirements before being made available for purchase
 - Provided a quote to the Swedish Medical Community regarding the international experience of pharmacists giving vaccines
 - Provided quotes in support of the MHRA's stance on the AstraZeneca vaccine amidst blood-clot concerns, highlighting that the benefits outweigh the risks
- **Mental health and wellbeing:** continue to support the implementation of the 2020 Workforce Wellbeing survey findings into the policy workstream. Conducted further analysis to identify themes that were integral to the development of the I&D and Workforce Wellbeing pledge.
- **Inclusion and diversity:** worked with the I&D group to develop the Equality Diversity and Inclusion survey, which was launched in January; the results are currently being analysed to inform future RPS activities. Also working with the I&D group to develop the RPS inclusion and diversity annual survey.
- **Health inequalities:** worked with the policy team on the role of pharmacy in health inequalities. The research team undertook a literature search focused on health inequalities in the UK, their causes and how they can be tackled as well as current and future roles of pharmacy teams.
- **Independent prescribing:** supporting the intelligence and research function of this workstream.
- **Digital networks:** supported the intelligence and research function of this workstream to understand the needs for the re-development of the RPS online networks. Developed and analysed the digital networks survey – produced final research report including recommendations.
- **Community Pharmacy Consultation Service:** 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.

- **Project students:** supported the supervision of MPharm project students from the University of Nottingham, doing an internship with the education team. The projects are focused in the evaluation of RPS products and services including the mentoring platform and the critical care resources first launched during the first wave of the pandemic.

We have continued to provide *ad hoc* research support services to RPS members, including responding to science and research enquiries and reviewing research funding applications, surveys, reports, articles, etc. We have also continued to hold one-to-one support sessions with members via Skype.

2.1. Raising the profile of Science and Research in Pharmacy

- Contributed to the National Institute of Health and Care Excellence (NICE) consultation: Reviewing our process for health technology evaluation.
- Letter published in *The Times* on research into controlled drugs - "18 May 2021 - stimulated by an article about a TV programme: *The Psychedelic Drug Trial is on May 19 at 9pm on BBC2*.
- Responded to an Advisory Council on the Misuse of Drugs (ACMD) calling for barriers that restrict legitimate research with controlled drugs to be removed (other than synthetic cannabinoids) and highlighted that allowing flexibility around licensing, storage, formulation and the clinical supply of controlled drugs would facilitate more fundamental research to occur in the UK.

2.2. Podcasts

A number of podcasts were conducted with key opinion leaders such as Prof Jason Leitch, National Clinical Director of the Scottish Government and a Senior Clinical Advisor to the Scottish Government; and Ian McCubbin OBE an industrial pharmacist and manufacturing lead for vaccines TaskForce. Details of all podcasts can be found on this link: [PharmSci Today podcasts](#).

2.3. International and Pharmaceutical Scientists' membership

Worked with the RPS Marketing and Communications Team to develop a new value proposition for [pharmaceutical scientists](#) and [international](#) members.

2.4. Qualified Persons

QP Assessments

The QP scheme continues to be run virtually. Virtual assessments have been well-received, with minimal technical difficulties and positive feedback from candidates and assessors. The scheme will be reviewed in July to develop a plan for resuming face-to-face procedures.

2.5. Science and Research Committee

Professor Christine Bond's term of office as SRC Chair formally ended in February 2021. Professor Barrie Kellam formally appointed as the new SRC Chair at the SRC meeting on 9 February 2021. Professor Christine Bond will continue being involved with SRC activities as a committee member and Chair of the Increasing the evidence for pharmacy working group.

At the last Science and Research Committee meeting on 9 February, nominations for the Hanbury and Harrison Medals were officially sought from SRC Committee members and their networks.

2.6. Antimicrobial Expert Advisory Group

- The group continues to meet on a monthly basis to discuss current issues around AMR/AMS.
- Supported the HEE-commissioned AMS training programme (led by the RPS Education Team) – final assessments and course evaluation completed.
- Contributed to the National Institute of Health and Care Excellence (NICE) consultations for the following guidelines:
 - Ceftazidime- avibactam – workshop.
 - Cefiderocol for treating severe aerobic Gram-negative bacterial infections – workshop.
 - *Clostridioides difficile* infection: antimicrobial prescribing - guideline consultation.
- Comments provided for the reviewing and updating of the HEE Level 1 AMR module on eLearning for Healthcare.
- Comments provided to the British Infection Association draft on *Best Practice Standards for the delivery of NHS Infection Services in the United Kingdom*.
- Contributed to the annual *English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) Report 2020/2021*.
- Working with the Education Team to develop a webinar, in collaboration with NICE, on the effective use of NICE urinary tract infection (UTI) guidelines in primary care and community (planned delivery: 8 July).

2.7. Industrial Pharmacy Advisory Group

- IPAG members participated in a Facebook Live Event for Women in Sciences recognition day held on the 11th February 2021.

3. Museum activities

All at RPS were saddened by the loss of our long serving museum volunteer Peter Homan. Peter had a passion for pharmacy and pharmacy history that he generously shared with the museum and its visitors. Plans are being made to memorialise Peter in the museum, and he has kindly bequeathed his own personal pharmacy history collection to the museum.

The Museum Officer has been promoting the Museum through a range of online content for the 180 Anniversary Celebrations, included two exhibitions and an online quiz. The Museum Officer has been developing a new Museum microsite,

that will allow online visitors to explore the collection, and see additional online exhibitions. In addition, the museum officer has been assessing the collection, and reviewing objects at Martinspeed, our off-site storage facility, as well as discussing opportunities for the Scottish collection. The Museum Officer Continues to work closely with the Retired Pharmacist Group, on topics such as Volunteering and collecting Oral Histories.

3.1. 'Pharmacy History' 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.

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

- Continued to work with the Retired Pharmacist Group to develop a Friends of the Museum model, explore volunteering opportunities and to review the possibilities of Oral History research.
- Developed relationship with British Society for the History of Pharmacy by creating a video for their March 2020 conference, which has subsequently been used in the 180 celebrations.
- Liaised with the Scotland Team to develop plan to assess the Scottish collection and develop a display at 44 Melville St.
- Began the development of a Museum microsite to showcase more of the museum collection online, in the form of a catalogue and online exhibitions. The site will raise the profile of the museum and allow all members, not only those based in London, to have access to the museum collection.
- Recorded two Museum vlogs as part of the Remarkable Remedies Series:
 - Celebrating Women in Pharmacy
 - Guided tour of the Museum.
- Published the following content for the 180 Celebrations:
 - Online exhibition exploring the 180 years History of the RPS
 - Online exhibition celebrating women in pharmacy
 - 50 objects added to the website to allow members to explore the collection remotely
 - Introductory video on the history of the RPS
 - A quiz on the theme of 180 years and surprising inventions by pharmacists
- Wrote Museum Treasure articles for Pharmaceutical Journal:
 - 01-2021: Oral Polio Vaccine, 1960s
 - 02-2021: Admune Mono Vaccine, 1976
 - 03-2021: Dean and Co Dispensing Chemist, c1911
 - 04-2021: Hortus Siccus, 1718 Written by Museum Volunteer Julie Wakefield
 - 05-2021: Robinson and Sons Gamgee Tissue Pneumonia Jacket, 1940-1953

3.3. The Museum Cataloguing project

The Museum Officer has been to our off-site storage facility Martinspeed and has begun assessing the collection stored there. So far, the Museum officer has audited 1436 objects, and is roughly a third of the way through the collection at Martinspeed.

National Pharmacy Board meeting – 23 June 2021

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

BACKGROUND

Objectives of the CRT

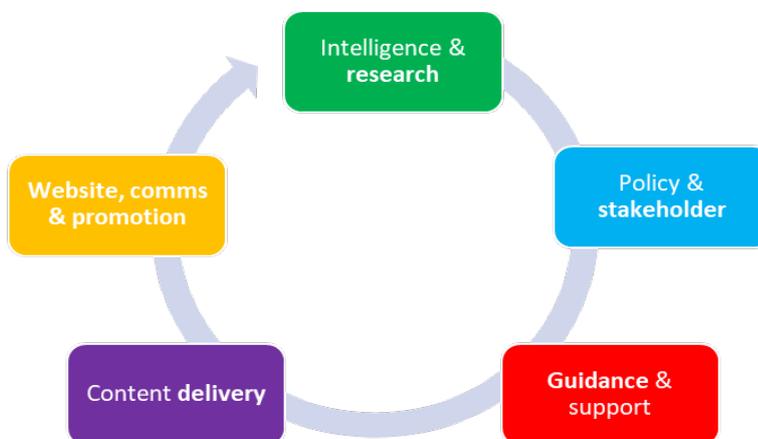
The objectives of the CRT set out to:

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

Format of the CRT

The COVID Response Team (CRT) was established during the summer 2020, to provide continued support to our members through the COVID-19 pandemic, but also recognising the need for business-critical activity to resume for our members.

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



The CRT continues to monitor analytics with a weekly analytical report of website activity to help support this programme. The tool produced by our insights and analytical Manager, helps to analyse and capture data to help identify members key issues. This element to our insight of COVID activity is shared weekly with CRT in the form of a dashboard.

Key performance and outputs for the period February 2021- May 2021

Intelligence and Research

Success of vaccine roll out

- As the 6-month mark of the vaccination program is reached, 75% of UK adults have received their first dose ([gov.uk](https://www.gov.uk)). This comes alongside:
 - MHRA approval for the Pfizer vaccine to be used in 12-15 year olds following trial results (N=2260) that the vaccines has an efficacy of 100% and benefits outweigh any risk- the JvCI will now decide whether the age group should receive it ([BBC](https://www.bbc.com), [gov.uk](https://www.gov.uk))
 - Further real-life data provides reassurance that mRNA COVID-19 vaccines (Pfizer/Moderna) are effective and safe for use in pregnant women ([NIH](https://www.nih.gov))
 - Cov-Boost study led by University Hospital Southampton NHS Foundation Trust (with 16 trial sites across England/Scotland/Wales and 2886 patients/participants) will trial seven vaccines and assess the impact of a third vaccine dose on patients' immune responses. The findings are expected in September ([gov.uk](https://www.gov.uk)). Interim results highlight an increased likelihood of mild and moderate side-effects after mixing doses of the AstraZeneca and Pfizer vaccines ([BBC](https://www.bbc.com))
 - The EMA has revised its guidance on the storage of the Pfizer vaccine following thawing – moving from a 5-day refrigeration period to up to 31 days. The MHRA have also approved the change ([BBC](https://www.bbc.com), [gov.uk](https://www.gov.uk)).
 - To date the vaccine program is thought to have prevented 11,700 deaths and 33,000 hospitalisations in those aged 65 and older living in England. It is believed that the figures may be higher when accounting for the impact of the vaccines on transmission ([gov.uk](https://www.gov.uk))
 - PHE data suggests that following one dose of Az or Pfizer vaccine, after around 3 weeks, people are 38-49% less likely to pass the virus on to unvaccinated people – in other word, following one dose, household transmission can be reduced by up to a half ([BBC](https://www.bbc.com), [gov.uk](https://www.gov.uk))

Work around vaccine hesitancy

- April REACT-1 data highlights that national COVID-19 prevalence has halved since March, most significantly in the 55-64 age range (likely reflecting vaccine status) and remains highest in the 25-34 age range. Of positive cases, 92% were identified as the B.1.1.7 Kent variant, and 7.7% as the B1.617.2 Indian variant ([gov.uk](https://www.gov.uk))
- A study of NHS and care staff (including pharmacists) (N=11,584) has suggested that up to 23% of healthcare workers have expressed hesitancy towards COVID-19 vaccines. Hesitancy was more common among black

Caribbean and minority ethnic groups, younger staff and pregnant women with some of the key reasons including ([Guardian](#)):

- Poor representation of black and ethnic minority participants in the vaccine trials
 - Assumed immunity to COVID-19 due to previous infection
- MHRA issues statement reassuring people that the temporary suspension of the Az vaccine in Denmark, Norway and Iceland is precautionary, and that there is no evidence to date to suggest the blood clot was caused by the vaccine ([gov.uk](#), [BBC](#)). Over the weekend Ireland and the Netherlands have also suspended the vaccine ([Guardian](#)), however the WHO is in support of the MHRA ([BBC](#))

COVID-19 variants

- It is estimated that in England, almost 70% of the adult population has SARS-CoV-2 antibodies (as of 19th April), while in Wales the figure stands at 63%, and in Scotland at 59% ([ONS](#))

Guidance & Support

Engaging our members by phone and email

- We've engaged on a one to one basis with members with 1668 members during this reporting period with around 4% of these engagements linked to COVID-19 queries. COVID enquiry themes include:
- Information around COVID vaccines
 - vaccinator roles
 - vaccine myths
 - getting involved in vaccination

There have been various updates to the COVID pages from February to April

New pages and updates:

- We created a new [COVID vaccines](#) page – which includes information on vaccine safety, the role of the pharmacy team, vaccinating the pharmacy team, vaccine Approval process, mode of action, efficacy, duration of protection, excipients and ingredients, side/adverse effects, anaphylaxis and reporting, use in pregnancy and effect on fertility, use in children, COVID-19 vaccination programme (eligibility and service delivery), flu vaccinations and COVID-19 vaccinations, change in COVID-19 vaccine dosing interval,

- Added new section on [Vaccinating the pharmacy team](#) – who is eligible, how to get vaccinated and practical guidance, includes PDA portal link for locum pharmacists in England to get vaccinated (removed when closed) and the National Booking Service link
- Added position statement on changes on dosing intervals under [efficacy](#)
- Added new section on '[Addressing conspiracy theories and myth busting](#)'. - key resources that can be used by pharmacy teams to dispel myths and also constructively challenge and address misinformation and change behaviours and attitudes towards the vaccine e.g. links to BIMA, BBC Asian Network Videos and NHS staff vaccine information videos in different languages
- Updated page to include information on [receiving the vaccine during Ramadan](#) (including the BIMA statement)
- Added new section on '[AstraZeneca vaccine - suspected blood clots](#)' under 'Side/adverse effects, anaphylaxis and reporting'
- Added new section on use of [COVID-19 vaccine in pregnancy and effect on fertility](#):

Other COVID pages updates:

- Under 'Protecting your team in the pharmacy' page there is a new section on [lateral flow testing](#)
- Updated Long COVID section on [supporting the pharmacy team](#) – including considerations and resources for the team in terms of understanding Long COVID and how it can affect people, referral to NICE and SIGN guidelines, opening dialogues with employers and HR teams, raising employment related concerns, risk assessments, staff mental health, safety and wellbeing, RP responsibilities and maintaining GPhC professional standards
- New section on [Treatments for COVID-19](#) - includes updated info on treatments and UK clinical trials signposting and PJ article. It includes information on Aspirin, Azithromycin, Colchicine, Chloroquine/hydroxychloroquine, Dexamethasone/hydrocortisone, Lopinavir-ritonavir and Tocilizumab/sarilumab
- Updated information on [Ibuprofen use by people with COVID-19](#) and [ACE inhibitors and ARBs use by people with COVID-19](#) in line with current government information

- Updated section on [Vaccine service delivery](#) to encourage pharmacists to engage with people post vaccination to deliver key messages to people receiving the vaccine e.g. reminder to maintain the guidelines on social distancing and PPE even if vaccinated. Included PHE leaflet on what to expect after vaccination. – all in response to NPB meeting
- Updated section on [selling COVID tests](#) - including updating links to GPhC statement and PHE guide
- Added link to PSNC about COVID-19 test distribution service under NHS Community Pharmacy Contractual Framework (CPCF) [here](#)
- Updated on COVID-19 website with information on Budesonide:- <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/guidance-for-pharmacy/covid-queries#budesonide>
- Update to [Corticosteroid](#) and [tocilizumab/sarilumab](#) sections, added updated NICE COVID-19 rapid guideline: managing COVID-19 (8 April 2021)

COVID and wellbeing

- Updated the [COVID wellbeing page](#), added Better Health - Every Mind Matters website and PHE Every Mind Matters resources link
- Added more resources on [Long COVID - how pharmacy teams could support Mental health](#) – signposting to mental health resources NHS Every mind matters: Mental wellbeing while staying at home guide, NHS Mental health and wellbeing, Healthier Scotland page, Public Health Wales page and reliable resources for patients with Long COVID - NHS Long-term effects of coronavirus (Long COVID) website.
- Added information about suicide prevention awareness training [here](#) following recommendation in the COVID-19 mental health and wellbeing recovery action plan on the [gov.uk website](#)

We have also been involved with Peer reviewing the following NICE therapeutic recommendations:

- ‘Diagnosing & managing COVID-19’ – we have added link to NICE guidelines rapid on Managing COVID-19 [NG191] under ‘treatments’ section [here](#).
- Contributed to NICE COVID rapid guidelines: recommendations for the use of Colchicine

Policy

- We developed a [RPS Position Statement](#) on COVID-19 vaccination for pharmacists
- In [our submission](#) to the Department of Health and Social Care consultation we called for a validation process for private COVID-19 tests before they are made available to purchase. We also highlighted the need for a transition period to enable current tests that are already available to get validated.
- We [welcomed](#) verdict on the safety of the Oxford-AstraZeneca vaccine
- Representatives from the RPS and over 20 professional bodies and health organisations met in June with the Government and NHS to call for increased COVID-19 protection for health workers. The meeting follows [a joint letter to the Prime Minister](#) in February.
- The science and policy teams are constantly reviewing the latest evidence to ensure our positions are evidence based.

Stakeholder and Lobbying

- We have also been engaging with NHS stakeholders on the role of pharmacists in managing the **long-term effects of COVID-19** ('long COVID'), including through the Welsh NHS Confederation's health and wellbeing alliance and the NHS England and NHS Improvement long COVID taskforce.
- We continue to support the work of the **All-Party Pharmacy Group** in Westminster, in discussion with co-sponsors. In March the APPG chair led a Westminster Hall debate which recognised the enormous contribution of pharmacists during COVID-19, with MPs from across political parties backing calls for increased funding for community pharmacy. A virtual meeting of MPs and Peers in April looked at the issue of sustainable funding and how pharmacy can support the NHS recovery. This followed the APPG report in December.

Website, Comms and Promotions

- We continue to work in close collaboration with Board members, Directors, external experts, the policy and stakeholder team and the NHS across Great Britain to take advantage of significant media opportunities driven by COVID19 to maximise coverage of RPS views on COVID19.
- Between February and May 2021 RPS was mentioned in 1,275 online articles and featured in 16 broadcast opportunities.
- We have kept members informed through news stories, weekly newsletters and social media. We published 79 new stories/press releases, with 15 related to COVID-19 activity during the period. These are shared and well received on social media.

Content and Delivery

- During the period Feb 21 until May 21 we have hosted one event related to covid. On March 2021 we held at “Long Covid: What is it and how to manage it”. There were 335 registrations and 218 attendees. This event was recorded and had 87 further views on our website.
- We recorded ten episodes of the *PrezCast* and *PharmSci Today* between February and May this year.

Conclusion:

We have seen a significant decline in COVID cases, which does emphasise the effectiveness of the implemented public health measures, specifically the national lockdown, social distancing measures and vaccinations. However, there are concerns over new variants, the Delta strain, and with this in mind CRT intends to continue in this format for the foreseeable future and will: -

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

National Pharmacy Board meeting – 23 June 2021

Title of item	Policy and consultations
Author of paper	Heidi Wright, Jonathan Lloyd-Jones, Laura Wilson
Position in organisation	Policy and Practice Leads
Telephone	02075722299
E-mail	Jonathan.lloydjones@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 February 2021 to May 2021 and the policy statements made for each consultation.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.
Resource implications	None over and above staff time

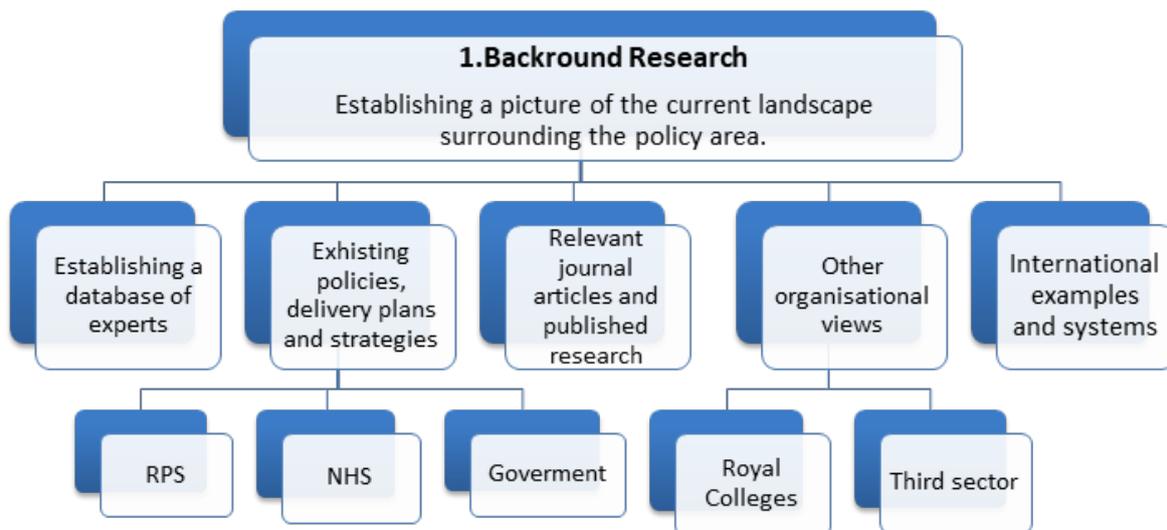
Policy and Consultations Update

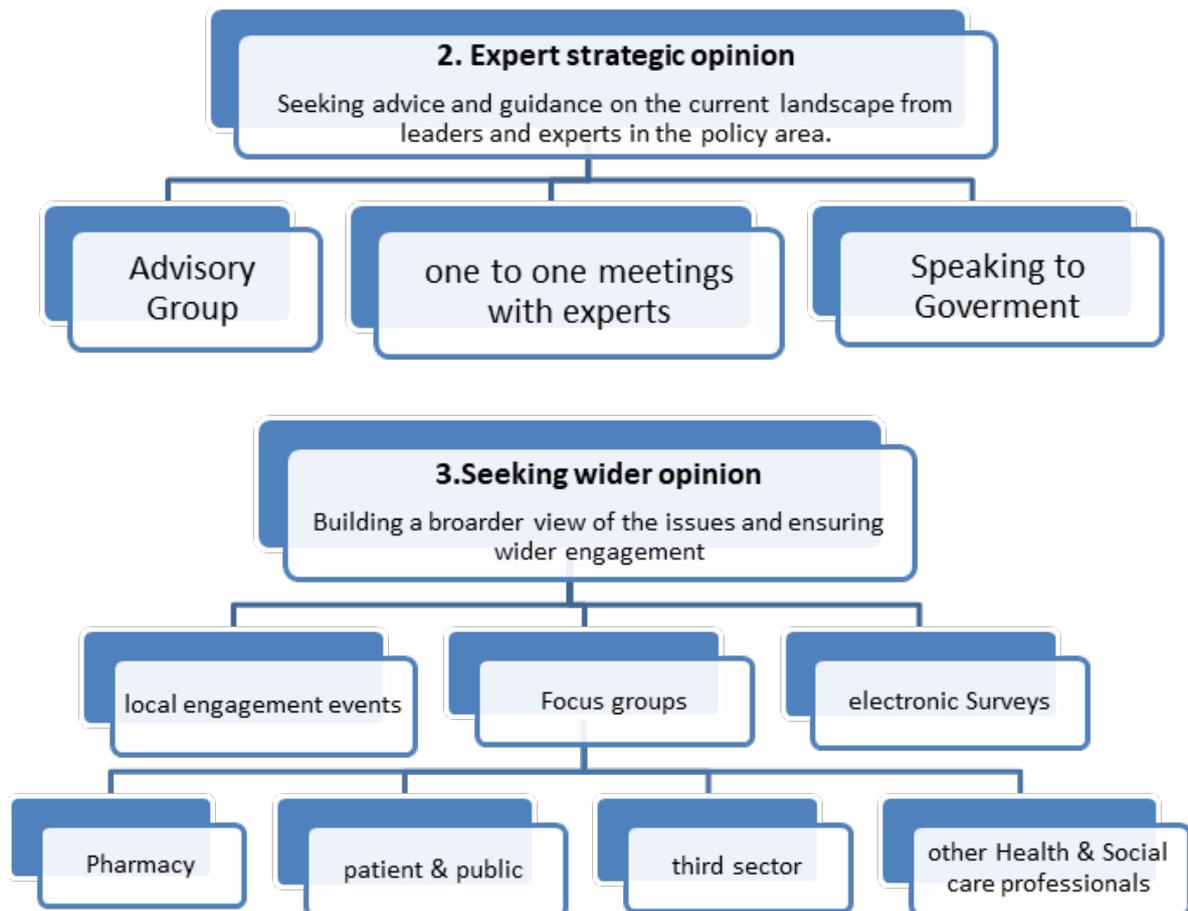
Background

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

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

In the development of our policy we follow a process, as below, where we gain input from experts, members and other organisations such as patient groups. If policy needs to be developed rapidly, as during the pandemic, it is not always possible to go through all of these steps.





Summary of activity /achievements to date

Policy:

- In February, following engagement with members and stakeholders we updated our independent prescribing policy : <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacist-independent-prescribers>
- In May we released a position statement on pharmacists role in being vaccinated against COVID-19: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy#commitments>
- We engaged with pharmacists across Scotland to create a vision for community pharmacy in Scotland, this is out for consultation until 1 July. In addition, we scoped the second part of the vision on general practice pharmacy and will be

publishing it for consultation in June. Finally, we have started scoping the hospital part of the vision. More information is at <https://www.rpharms.com/scotland/pharmacy2030>

- We have attended regular meetings with the Department of Health to explore a change in regulation to facilitate Hub and Spoke
- Facilitate and attend regular meetings with other pharmacy organisation 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 on drug use, initially in Scotland
- The RPS is currently developing a policy on sustainability
- The RPS is in scoping the genomics and personalised medicines project
- We are exploring the integration agenda in England and producing a briefing for members and the profession.
- We will continue to develop policies on areas of significance and relevance to pharmacists.

Consultations

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

Next steps

The RPS will be responding to the following upcoming consultations

- Department of health and social care consultation on [Women's Health Strategy: Call for Evidence](#)
- GPhC consultation on [how they set fees](#)
- MHRA consultation on the reclassification of [Nuromol Dual Action Pain Relief 200mg/500mg tablets \(ibuprofen/paracetamol\)](#)
- Scottish government [Prescription Medicine Dependence and Withdrawal](#)
- Department of health and social care consultation on [Regulating healthcare professionals, protecting the public](#)
- Welsh Government consultation [on their Antiracist strategy](#)
- GPhC Consultation on their [equality, diversity and inclusion strategy](#)

Other areas

- Represent the RPS at the Valproate Stakeholder Network and currently supporting with a case study
- Policy leads are leading and forming part of cross RPS groups focusing on I&D, Workforce Wellbeing, Independent Prescribing and RPS Connect.
- Policy leads actively supported the recruitment of Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Representing the RPS at regular meetings with stakeholders.

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, therefore we will continue to work in partnership with expert groups and members to provide a coordinated view where appropriate.

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

Consultation on Patient Safety Commissioner role for Scotland

- The consultation was undertaken following the publication of the Cumberlege report.
- The report looked at the harms caused and the learning from 3 areas, mesh implants, hormone pregnancy tests and valproate prescribing in woman.
- Supportive of the recommendations on the basis that this will be an independent role, free from undue influence and is not duplicating the work of other people or organisations.
- The role should be accessible to the public and listen to and act on their concerns.
- Should work with the Scottish Patient Safety programme and Healthcare Improvement Scotland.

Shared Decision Making | NICE

- Within this guidance there does not appear to be guidance on shared decision making in the context of co-morbidity and the complexity that this brings with it. This should be included.

- Decision aids often do not work very well in the older age group so it might be useful to add a section specifically about older people/ frail older people and explaining risk as well as possible risks even if the absolute risk is not known.
- In terms of training, it would be prudent to signpost people to training that has been accredited by the Personalised Care Institute at a national level which includes training on Shared Decision Making
- Within an organisation, however big or small, it needs to be made easy for the patient voice to be heard and listened to and to show you have responded appropriately ('you said, we did' approach).

Transformation of Urgent and Emergency Care | NHS

- As part of the wider UEC standards, there is a need to measure NHS 111 referrals to the Community Pharmacist Consultation Service (CPCS) and the level of uptake of the soon to be commissioned Discharge Medication Service (DMS)
- The measures identified will give a more accurate and less punitive indication of performance and care quality
- no point implementing this change unless it is accompanied by a significant improvement in support available for institutions delivering urgent and emergency care

Clostridioides difficile infection: antimicrobial prescribing - guideline consultation | NICE

- Ensuring timely access to medicine's
- Highlighting cost implications of guidance
- Many comments made on specific area of this guidance

Initial Clinical Management of Adult Smokers in Secondary Care | AWTTTC

- Support the responsibilities outlined for every health professional group and the strong focus on a multidisciplinary approach.
- Stated our focus on reducing smoking rates and supporting the care of smokers is an important priority for us.
- Signposted our E-cigarettes policy

Guidance for the Provision of Anaesthetic Services for the Perioperative Care of Elective and Urgent Care Patients Consultation | RCoA

- Many sections did not include pharmacists and pharmacy technicians as 'Allied health professionals will only include HCPs who are registered with the Health & Care Professions Council. E.g. not including registrants of the General Pharmaceutical Council
- Many comments made on specific area of this guidance

Termination of Pregnancy arrangements in Wales | Welsh Government

- Advocated for a patient-centred approach to the provision of abortion services where clients can choose their preferred method of service delivery
- Supported the positive impact of the temporary removal and the added flexibility for accessing services, but cognisant that not all women and girls will have access to an electronic device in order to be able to undertake a remote consultation and there may be other barriers.
- Reinforced the importance of the safe and effective use of medicines should underpin these arrangements in order to mitigate the risks associated with medicine supply.
- Supportive of the data that suggests that the temporary approval has had a positive effect on other NHS Wales services
- Called for more evidence of the impact of the change to this service needs to be collated and shared before a permanent change is made

Home use of both pills for early medical abortion | DHSC

- We believe it is important to find a balance between increasing access / reducing inequalities on the one hand and safeguarding / patient safety on the other.
- The safe and effective use of medicines should underpin these arrangements, it is essential that all services have clear arrangements in place for confirming each medicine, including analgesia, is appropriate and safe for an individual patient.
- Also essential to the safe use of medicines is women receiving clear information about how to take their medicine and when to seek further help. Information may need to be provided in multiple formats, recognising an individual woman's level of literacy, health literacy and languages spoken.
- Some women may find remote consultations impossible to access (e.g., lack of privacy at home for a remote consultation) and therefore alternative options should be available, and we would advocate patient choice.

- not all women and girls will have access to an electronic device in order to be able to undertake a remote consultation.
- Time, resources and training are required to undertake video or telephone consultations, and this should continue to be available to those providing the service
- More evidence of the impact of the change to this service needs to be collated and shared before a permanent change is made.

Hana 75 microgram film-coated tablets (Desogestrel): Public Consultation | MHRA

- The Royal Pharmaceutical Society supports the proposal to make Hana 75 microgram film-coated tablets (Desogestrel) available as a Pharmacy medicine
- Feedback on leaflet and supply aid
- We feel with appropriate training healthcare professionals would be confident to make a safe and effective supply to patients, with additional material such as Summary of Product Characteristics to supplement training

Lovima 75 microgram film-coated tablets (Desogestrel): Public Consultation | MHRA

- The Royal Pharmaceutical Society supports the proposal to make Lovima 75 microgram film-coated tablets (Desogestrel) available as a Pharmacy medicine
- Feedback on leaflet and supply aid
- We feel with appropriate training healthcare professionals would be confident to make a safe and effective supply to patients, with additional material such as Summary of Product Characteristics to supplement training

Strategy Consultation | CQC

- As well as looking at the people who are accessing the services there is also a need to support the people who are delivering the services. The mental health and wellbeing of the staff members must also be considered as part of CQC assessments.
- There needs to be greater clarity as to how CQC will work with other regulators. In particular the General Pharmaceutical Council who have

responsibility for inspecting community pharmacies who are part of the overall system.

- It is important that organisational culture includes the provision of working environments that are conducive to good mental health and wellbeing and that organisations support their staff members to speak up and voice their concerns relating to mental health and wellbeing.
- We believe that CQC have a unique opportunity to oversee the whole system of the medicines pathway from prescribing to supply to administration, alongside all the professionals and organisations involved.
- We believe that all inspectorate teams should include a pharmacist who will have professional and clinical oversight of medicines issues.
- his new way of regulation must not lead to a blame culture, where one provider who is perhaps not doing so well is targeted by other providers in the area. It should ensure a supportive system is in place to help any provider that is struggling.

Community Diagnostics | Welsh Government

- Diagnostics closer to home and fewer outpatient attendances reduces patient journeys and thus improve sustainability, contributing to the NHS ambition to become Net Zero.
- Highlighted the potential role for pharmacists as prescribers
- Highlighted the potential roles for pharmacy teams in pharmacogenomics
- Recommendations made for other diagnostics that should be considered

Draft design principles – clinical and care professional leadership in Integrated Care Systems (ICSs) | NHS Confederation

- We agree with a collective responsibility, but it needs leadership to drive the change as a fundamental part of working together and delivering the ICS white paper. The focus of this principle needs to be on working together and having a culture which supports this.
- There needs to be a definition as to what is meant by clinical, professional and operational leadership in the context of an ICS,
- It is important to have the diversity of clinical and professional representation on boards to ensure that this principle can be achieved successfully. It needs to be inclusive of all professions and pharmacy, as the third largest health profession, needs to be part of the leadership structure

- As ICS systems progress, it needs to be ensured that clinical leadership encompasses all health and social care professions.
- Where clinical leadership roles are established there needs to be clear expectations re deliverables, lines of accountability and supervision.
- There needs to be equitable access to training and development opportunities for all health and social care professionals in terms of system leadership.
- We would like to see systems taking real responsibility for the development of their clinical and care leaders and not just signposting to opportunities

Inquiry into the Covid-19 outbreak on health and social care in Wales: Post-Covid Syndrome | Welsh Parliament Health, Social Care and Sport Committee

- The clinical skills of pharmacists and their expertise in medicines management should be harnessed and integrated appropriately into care pathways for Post Covid Syndrome. • Pharmacists should be empowered to increase and accelerate access to the right services as part of the Post Covid Syndrome pathway.
- Formal referral systems should enable pharmacists to directly refer patients that require treatment for Post Covid Syndrome to appropriate health professional colleagues.
- Protected time should be in place for all pharmacists to learn new skills and update their knowledge as part of a multidisciplinary team to support individuals with Post Covid Syndrome.

White Paper on health and social care | House of Commons Health and Social Care Committee Department (think John Lunny wrote this response)

- We support the aim of the White Paper to encourage greater collaboration between healthcare partners, improve the wellbeing of local communities, and improve patient care and safety.
- Legislation alone will not guarantee success and how change is implemented and supported on the ground will be key
- A number of topics warrant further investigation, in particular around leadership and governance, clinical and patient engagement, and future changes to commissioning.
- Delivering integrated health and care services throughout England will also depend on investment in our workforce and a long-overdue upgrade to digital infrastructure.

NHS Provider Selection regime: Consultation on proposals | NH

- If the provider is providing a high quality service that is cost effective and provides good quality patient outcomes, then the commissioning organisation should not have to go through a competitive procurement process to continue such a service.
- If it is obvious that a single provider is the most suitable provider then the commissioning organisation should be able to make this decision without having to go via a competitive procurement process
- Potential conflicts of interest should be addressed separately and explicitly under transparency and scrutiny
- It states that this regime would not apply to community pharmaceutical services, as separate regulations already set out how community pharmaceutical services are to be arranged, negating the need for additional rules. So, the regime would not apply to nationally contracted pharmaceutical services (Essential and Advanced pharmaceutical services) and those agreed locally (Enhanced services). We agree with this.
- community pharmacies may also be capable and willing to provide services that would not normally fall within the pharmaceutical services remit and are commissioned by Local Authorities and Clinical Commissioning Groups.
- Community pharmacy must be recognised by local commissioners as a key provider of healthcare services in primary care.
- we consider that it is vital for pharmacy to be represented on ICS Health and Care Partnerships.

Draft Environmental Protection (single use plastic products) regulations | Scottish Government

- Satisfied with the scope of the provisions proposed
- Fully supported single-use plastic straws being available for medical use. However, we think clarification is needed in the regulations over the two types of exemption affecting community (retail) pharmacists
- Whilst we are mindful of the importance of sustainability, patient safety must be paramount and ensuring medication can be taken safely and accurately must take precedence

Reviewing our process for health technology evaluation | NICE

- The Royal Pharmaceutical Society supports the aims of the consultation and in particular the following three objectives:
- Create a simplified single process for all technology evaluations.
- Ensure we have the flexibility to evaluate new and emerging health technologies.
- Ensure we can provide early access to promising technologies
- Successful implementation of these objectives would allow the UK to stay at the forefront of healthcare, consolidate the UK's reputation as a leader in life sciences and more importantly ensure continued access of breakthrough medicines to patients.

Guideline on weight management | NICE

- Supported the proposal to retain the recommendations in their current form.
- Called for an additional section on providing effective opportunistic weight management advice and how to go about doing so in a respectful and sensitive manner would strengthen the proposed guideline.
- Highlighted that community pharmacy teams are ideally placed to provide weight management services due to their access, location and informal environment

Call for Evidence – Barriers to research for controlled drugs (excluding synthetic cannabinoids) | ACMD

- Highlighted barriers to research such as regulatory Inflexibility, cost and timeliness.

Private coronavirus (COVID-19) testing validation | DHSC

- We are calling for a validation process for private COVID-19 tests before they are made available to purchase, so they undergo quality and accuracy checks to ensure they meet all safety requirements.

National Pharmacy Board meeting – 23 June 2021

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

Public Affairs Update

a) Updates on Brexit issues raised at last board meeting

Recognition of professional qualifications

The Government has said it will continue to recognise professional qualifications from EEA and Switzerland on an interim basis. A *Professional Qualifications Bill* has now been introduced in Parliament to enable a new framework for the recognition of professional qualifications and experience gained overseas.

This legislation will revoke and replace the interim system for professional qualifications that derives from the UK's membership of the EU. The Department for Business, Energy & Industrial Strategy (BEIS) engaged with the RPS alongside regulators and other professional bodies ahead of the legislation being brought forward. Further detail is expected via secondary legislation.

Prescriptions

The Government has published guidance on recognising prescriptions issued in EU countries. Prescriptions issued by a prescriber who is practising in a listed profession in a listed country may be recognised in the UK.

These lists are available online and will be reviewed at least every 3 years from the date that the country or profession was included on the list.¹ The Government has said it will communicate any changes in good time so that pharmacists are able to recognise and dispense prescriptions appropriately.

b) Summary of activity /achievements to date

Supporting pharmacists and pharmacy teams through the **COVID-19** pandemic continues to be a focus. At the start on June, representatives from the RPS and over 20 professional bodies and health organisations met with the government and NHS officials to call for UK Infection Prevention Control Guidance to be updated and for enhanced PPE for frontline healthcare workers. This followed a joint letter to the Prime Minister in February.

The RPS engaged widely with pharmacy stakeholders on the **RPS Inclusion and Wellbeing Pledge**, including a webinar which brought together more than 20 organisations from across the profession including unions, employers, the NHS,

¹ www.gov.uk/guidance/prescriptions-issued-in-the-eea-and-switzerland-guidance-for-pharmacists

regulators, pharmacy schools and students. The launch of the pledge on 9 June was supported by CPhOs in England, Scotland and Wales.

The RPS has had initial discussions with NHS and other stakeholders on proposed **NHS reforms in England**, with a Health and Care Bill and a more detailed NHS implementation plan expected in due course.

We have also been engaging with NHS stakeholders on the role of pharmacists in managing the **long-term effects of COVID-19** ('long COVID'), including through the Welsh NHS Confederation's health and wellbeing alliance and the NHS England and NHS Improvement long COVID taskforce.

We continue to support the work of the **All-Party Pharmacy Group** in Westminster, in discussion with co-sponsors. In March the APPG chair led a Westminster Hall debate which recognised the enormous contribution of pharmacists during COVID-19, with MPs from across political parties backing calls for increased funding for community pharmacy. A virtual meeting of MPs and Peers in April looked at the issue of sustainable funding and how pharmacy can support the NHS recovery. This followed the APPG report in December.

RPS continued to advocate for pharmacy ahead of the **Scottish Parliament elections**. Each of the main political parties had manifesto pledges that reflected some of the asks in the RPS Scotland manifesto. These included access to records, better IT, vaccinations and staff wellbeing.

Following the election, we have started work to build relationships with the new health teams and this will continue over the summer. Instead of sending a typical information email, we created an "elevator pitch" style video about RPS which has been sent to all MSPs with a personalised message for those with health roles.

The Scottish Government has outlined areas of work that it has committed to undertaking in the first 100 days of this session. Areas include reducing drug deaths, women's health and mental health. In response to these priorities, the RPS Scotland team is currently producing a new policy on pharmacy's role in reducing harm from drugs, a policy statement on women's health and sharing our policy on mental health produced in autumn 2020. In addition, RPS Scotland is currently producing a new Pharmacy 2030 vision for the pharmacy profession which will underpin our engagement with politicians and other stakeholders going forward.

Work is also under way with BMA Scotland to create a joint statement on the Pharmacotherapy Service, in response to concerns raised by RPS members in

Scotland. This is being developed in collaboration with the NHS Directors of Pharmacy and Scottish Practice Pharmacist and Prescribing Advisers Association.

We engaged with the main political parties ahead of the **Welsh Parliamentary elections**. This included virtual meetings with party spokespeople for health, promoting the [Manifesto for Pharmacy in Wales](#) with election candidates, and amplifying video messages from Board Members across social media platforms. Commitments made by the main parties which aligned to the RPS Wales manifesto were achieved most notably in increasing the roll out of electronic prescribing, extending the role of community pharmacy in prescribing, and ensuring access to CPD. The prospects for pharmacy were outlined in a [blog](#) piece for members and the profession.

A series of joint statements have been made with BMA Cymru, RCGP Wales and Community Pharmacy Wales on electronic prescribing, access to shared electronic records and wellbeing support. Work is currently underway to publish a co-signed statement of opinion about the need to accelerate electronic prescribing in Wales. This will be aimed at Members of the Senedd to help create momentum in Wales and the intention is to complete this before the summer recess.

Steps are also being taken to introduce RPS Wales and our priorities to the new Members of the Senedd. This will also include developing relationships with new members of the Health, Social Care and Sport Committee once announced. A meeting has also been arranged to meet with the Welsh Parliament's Research Team to discuss priorities for this parliamentary term. We worked with other royal colleges and third sector organisations to develop a position paper and number of recommendations on [tackling health inequalities in Wales](#) for consideration by the newly formed Welsh Government.

In May, Health Minister Lord Bethell replied to our letter on the **Falsified Medicines Directive**², stating the Government's commitment to working with stakeholders on a future national falsified medicines scheme.

The England, Scotland and Wales **country team webpages** have been updated.

Next steps

The RPS continues to engage with politicians, governments, the NHS and key stakeholders across GB as we look to support and advocate for the profession.

² www.rpharms.com/about-us/news/details/RPS-calls-for-action-to-fight-counterfeit-medicines

National Pharmacy Board meeting – 23 June 2021

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	Update on activity on Workforce Wellbeing from February 2021 to June 2021
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS must lead on this important area for the profession. • Engagement with members and the profession to help shape our delivery • Engagement with key stakeholders and pharmacy organisations to create change and long-term commitments
Resource implications	Impact on RPS staff. We will continue to monitor the volume of activity and enable additional support as and when needed

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. We will do this by:

- **Prevention:** Working with government, regulators, employers, and the NHS to create the right working conditions for good mental health and wellbeing.
- **Culture and Environment:** Working with government, regulators, employers, the NHS and pharmacy teams to encourage the de-stigmatisation of mental health to create a culture that is conducive to good mental health and wellbeing
- **Awareness/Access:** Working with our partners to ensure that pharmacy teams have access to the support they need when they need it.

Summary of activity /achievements to date

Raising awareness and educating

We've reached out to pharmacy professionals through 4 webinars and our 2 Facebook 'live' events have had over 2000 views each to date. The success of the events and the positive feedback suggest that there is appetite amongst professionals for working to improve wellbeing. Events are linked to spikes in webpage views which suggests they are also a good means for raising awareness of the support the RPS offers and of our campaign activity.

It is hoped that the events we have run with Pharmacist Support will have helped raise the profile of Pharmacist Support to RPS members and the profession, highlighting the variety of support and resources available. This will be measured through the 2021 survey, repeating the 2020 survey questions which explored respondent's awareness of Pharmacist Support and their services.

We have worked with organisations outside of pharmacy such as SeeMe and Time to Change to deliver events focused on destigmatising mental health.

As evidenced by three news stories, 2 dedicated blogs and an amazing amount and wide range of social media activities (from infographics, to promoting webinars, to updating members on campaign activity), we are keeping our wellbeing work in the spotlight, ensuring that the profession is aware of our activities.

Working with stakeholders

Our work with over 15 stakeholders demonstrates the wide variety of opportunities we are seeking to push our wellbeing agenda, recognising that many of the changes we hope to achieve require buy in from employers/organisations.

The establishing of the Wellbeing Workforce Action Group (WWAG) further demonstrates our commitment to engagement, which will ensure that our activities are informed by and relevant for our target audience. The group has met once and has already provided input on the development of the [RPS Inclusion and Wellbeing Pledge](#).

We are engaging with a wide range of stakeholders on the RPS Inclusion and Wellbeing pledge which raises awareness of both of these areas of work.

The RPS had a number of discussions with NHSE/I on increasing access to wellbeing support for all pharmacists, including through the NHS People Team. Pharmacists are now able to access national support via new Wellbeing Hubs.

The RPS has been asked to support the HEIW Mental Health workplan group

In Scotland, RPS has had a number of discussions with the Scottish Government's National Adviser on Workforce Wellbeing including about the barriers to pharmacists accessing the support that is available for all health and social care teams via the National Wellbeing Hub in Scotland.

Support for mental health and wellbeing were key asks in both the RPS manifestos for the Scottish & Welsh parliaments' elections. In both countries' commitments were made in party manifestos to provide additional support.

The RPS submitted written evidence to the [Health and Social Care Committee's inquiry on burnout](#).

The RPS is a member of the Professional Bodies ECHO group in England and are working with other professions to develop a 'One Voice' statement focused on workforce wellbeing. This will be published with an article in The Times w/c 7th June 2021 alongside other professional organisations.

Website

There are 2 main pages on the RPS website relating to Workforce Wellbeing:

- Your Wellbeing (wellbeing hub) [here](#)
- Workforce Wellbeing (under policy campaigns) [here](#)

In December 2020 the coronavirus wellbeing resources were added to the Wellbeing Hub (Your Wellbeing page) so that all wellbeing resources are now located in the same place on the website.

In early February 2021 an MS Form was embedded in the Workforce Wellbeing page to allow people to sign up in support of the RPS Wellbeing Campaign, which to date has over 700 sign ups. Alongside this, a separate form has been added to enable people to share stories of best practice in the workplace. 11 best practice examples have been received to date and two of these have been developed into blogs.

Website analytics show that the majority of people arrive at the Wellbeing pages through organic search (e.g. by searching a specific topic on google), this is followed by direct traffic (e.g. when a person types the URL into their browser or bookmarks the page) and email traffic (e.g. links in membership newsletters). A clear spike in traffic to the wellbeing pages can be seen following each of the wellbeing online events.

Monthly page views for both pages have increased in recent months. Visits to the Your Wellbeing page have gradually increased, while the Workforce Wellbeing page saw a significant increase in page views in February. This is potentially due to increased activity from emails as well as the high level of engagement with webinars. Both of these drove interest pre and post event.

Next steps

- We will continue to promote Workforce Wellbeing to our members and the wider profession via our media and communication activity
- We will continue to engage and work with stakeholders with a renewed focus on workforce wellbeing prevention.
- Following the launch of the RPS Inclusion and Wellbeing pledge we will gather examples of good practice to support implementation of the pledge related to supporting workforce wellbeing.
- We will continue to work with members of the Workforce Wellbeing Action group (WWAG) to shape the direction of travel for this work and to support the development of practical resources
- We will work with National Boards, Pharmacist Support and WWAG members to develop the Workforce Wellbeing survey for 2021

Conclusion:

Workforce Wellbeing is an important area of work for the profession and we intend to keep the momentum around this work high.

National Pharmacy Board meeting – 23 June 2021

Title	Education and Professional Development activities update to National Boards
Open, confidential or restricted	Open
Author (include email/phone)	Gail Fleming 020 7572 2358 gail.fleming@rpharms.com
Position	Director of Education and Professional Development
Director responsible	Gail Fleming
Purpose of item (for noting/discussion/decision/approval)	For noting
Item Summary	Education and Professional Development activities report Jan to June 2021
Actions/decisions required of the National Boards	To note the Education and Professional Development activities report March to June 2021

1. Background

In 2021 our focus has been on making up for delays to our 2020 work programme due to COVID19, taking forward the implementation of our assessment and credentialing strategy and developing our member education offer. This work, as well as other educational activity across RPS will be brought together to create an RPS Education Strategy which will be a key enabler of delivery of the new RPS Strategy 2021-2026.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met in February 2021 led by the new chair, Professor Andy Husband. The minutes are attached [here](#). An additional unscheduled meeting was also held in May 2021 to propose a response to the Education & Training element of the consultation on professional regulation as well as a recent CPhO paper on postregistration education and training.

The Advanced Pharmacist Assessment Panel (APAP) met in March and June to ratify advanced assessment outcomes and monitor the progress of the advanced pharmacist programme outputs.

The Assessment Regulatory Committee (ARC) met in May to review an appeal received against an assessment outcome. The appeal was refused by the committee.

2b. Early Careers Pharmacist Advisory Group

The Early Careers Pharmacist Advisory Group (ECPAG) welcomed Emma Boxer as the newest member of the group. She brings a breadth of knowledge from her early career spent in research and working in academia, community and hospital pharmacy.

The ECPAG met in April 2021 where they discussed and provided feedback on Health Education England's Pharmacy Skills Passport project and the RPS Advanced Pharmacy Practice project. The ECPAG have regular input into RPS I&D project and have also provided views into the RPS Connect project. The group expressed a desire for the correct capabilities, security and functionality of the platform to be in place, whilst still being user friendly. The group noted that they would like this to be more than just a peer networking tool and to be seen as a source of information by RPS members.

The group has contributed to discussion on the GPhC Initial Education and Training standards reforms. The focus was particularly around the standards and learning outcomes, and the group noted that they welcomed the changes and saw the proposed expansion in skills as extremely valuable, as long as they were feasible to achieve (particularly around prescribing and supervision).

2c External stakeholder meetings

In April 2021 we co-hosted a workshop to explore the future of pharmacy postregistration education and training with the GPhC and APTUK. The CPhOs produced a paper to inform discussions with their views on future requirements. This will be an area of focus moving forward and will impact upon our future work plans.

We also attend a monthly meeting of the GPhC Initial Education & Training Advisory Group as well as country specific stakeholder meetings in Scotland and Wales. In England we attend the HEE Interim Foundation Pharmacist Programme Steering and Operational Groups.

The Pharmacist Apprenticeship Employer group has recently reconvened and met in early June. The RPS did not attend this meeting. It is not clear at present what the plans of the group are or how this relates to the IET reform programme.

The RPS has been invited to join an HEE Pharmacy Technician and Pharmacy Support Staff Workforce Development Strategy Steering Group. We have accepted this invitation and await a date for the first meeting,

The RPS has now been invited to join an HEE Primary Care Workforce and Integrated Care System (ICS) Workforce Group. We have accepted this invitation and await the date for the next meeting.

3. Initial Education and Training

3a. Pre-registration Pharmacists / Foundation Trainee Pharmacists

In light of the changes to the scheduled dates for the GPhC registration assessment, the timing of the RPS revision programme and mock exam was pushed back to June 2021. We currently have just under 700 trainees enrolled on the course.

In addition to this we have secured a block booking with HEE London and South East to provide our mock exam and feedback to all of their commissioned trainees.

We have also secured a contract with Northern Ireland Centre for Professional Learning and Development (NICPLD) to provide clinical webinars and exam support to all NI pre-registration/ foundation trainee pharmacists commencing August 2021.

We have secured a 3-year contract to provide the e portfolio solution for all foundation trainee pharmacists in England commencing training in August 2021.

Based on the popularity and success of our provisional registration WhatsApp groups, we have set up four new groups for the 2020/21 cohort, with approx. 130 members each.

3b. Students

Over February to May, we supervised three University MPharm research projects, providing students with an opportunity to conduct projects to evaluate and inform RPS products and services and at the same time supporting them to develop valuable research and evaluation skills.

We have received positive feedback from all students and the university supervisor about their experience.

All students have submitted the following abstracts the Pharmacy Education 2021 conference:

- An exploration of the development needs of mentors and mentees using a national mentoring platform
- Supporting and educating pharmacists in critical care during the COVID-19 pandemic: an exploratory study
- The learning needs of provisionally registered pharmacists in the UK

3c Student Interns

Following the success of our well established PhP intern programme as well as previous voluntary placements in Education, we have worked with colleagues in the PMEX directorate to develop a new paid summer student internship. We have appointed 4 MPharm students to work for us for a 4 week period in June/ July during which they will support the delivery of some of our core business as well as learning more about the RPS.

4. Foundation/ Provisional Registration

4a. Provisional Registration

Guidance and support

Throughout 2021 we have continued to advocate for provisional registrants to ensure that they have a fair and equitable experience in relation to professional registration. We wrote to the GPhC on two occasions raising our concerns in relation to access to the assessment for overseas trainees and seeking clarity on assessment processes and future arrangements.

We have developed and refreshed our online revision resources to enable trainees to confidently prepare for their assessment and also updated advice and guidance for those who are unsuccessful. We hosted a webinar for trainees that were unsuccessful

in the March registration assessment. This was well received and we will be planning a similar session for the July assessment.

We have set up new WhatsApp groups for those preparing for practice (4 groups with approx. 720 members) and resitting their assessment (2 groups with approx. 200 members).

In addition, we have delivered two careers (in March and May) webinars for pre-registration trainees, provisionally registered pharmacists, and early career pharmacists on searching for jobs, and preparing for interviews and careers in community pharmacy. Further sessions are planned in over the course of 2021 focussing on various sectors of practice.

E-portfolio

We made some significant improvements to our e-portfolio in Q1 and Q2 based on user and stakeholder feedback, including:

- Functionality to categorise and count uploaded files, including paper based SLEs
- An improved action plans area, so actions can easily be filtered and prioritised
- A new LNA summary area enabling learners to track and review progress
- Extended timelines for 360° feedback tool, to enable learners a longer period to collect feedback which is helpful in the current pandemic situation

Our contracts to provide an e-portfolio and a support line service to provisionally registered pharmacists and newly qualified pharmacists undertaking the HEE interim foundation pharmacist programme (IFPP) have been extended until end of August 2021. At the end of May we have supported with 329 enquiries. Engagement with the portfolio continues to increase, with 1173 learners and 431 collaborators (across GB); however, we did observe a plateau in activity during March as provisional pharmacists prepared for and undertook the registration assessment.

Alongside day-to-day e-portfolio services, we continue to provide additional support to users and have delivered three webinars about how to use supervised learning events to support development (mini-CEX and MRCF), and how to effectively use the learning needs analysis and 360° feedback tool. We have also produced new guidance about the 360° feedback tool, including a user flow diagram, guidance on how to provide effective feedback for educational supervisors/tutors, and guidance for patients.

We have also been contracted by HEE, to develop a new peer assessment tool which allows learners to collect feedback from peers and remote supervisor on a clinical case from their practice, thus prompting reflection and facilitating their development. This has been developed at pace and is due to go live early June.

We are currently working with HEE to scope out requirements for the end of programme process for their Interim Foundation Pharmacist Programme.

4b Post Registration Foundation curriculum

The post-registration foundation pharmacist programme assessment task and finish group concluded in February 2021 and the recommended assessment strategy is an evidence based programmatic assessment which builds up an authentic picture of the learner's ability by undertaking multiple low stakes assessments throughout the duration of the training programme.

The complexities around incorporating the independent prescribing (IP) qualification into training programmes aligned to the RPS curriculum required additional discussions with stakeholders to ensure sufficient flexibility for employers, educational commissioners and HEIs/other training providers whilst meeting academic regulations. There are two overarching models for training programmes:

In the **integrated** model, IP and non-IP is integrated into a single programme and a joint assessment is undertaken by the HEI delivering the IP (+/- non-IP content) and the RPS, which results in simultaneously awarding the IP certification and the RPS post-registration foundation credential.

In the **modular** model, IP content is delivered through a discrete IP course offered by an accredited HEI provider. The RPS undertake the final assessment and award the post-registration foundation credential; separate IP certification is recognised through accreditation of prior certified learning.

The curriculum consultation was launched in April and closes on the 18th June 2021. We are offering Q&A sessions to our main stakeholder groups to support engagement with the consultation process and help inform stakeholder responses.

E-portfolio solution

An e-portfolio user group convened during April and May to draw on user experience to inform the specification for the post-registration foundation e-portfolio. There was good engagement across geographies and sectors; the learner nominations struggled to attend and a separate meeting is planned in June to capture their voice before progressing to the build phase. We will also incorporate lessons learned from the current RPS e-portfolios (e.g. provisional registration, consultant pharmacist and the transition programme). The e-portfolio will be ready for new training programmes starting in autumn 2021.

Proof of concept

We are collaborating with HEE (and potentially other stakeholders) to undertake a proof of concept study evaluating the quality of written feedback in supervised learning events (SLEs). The findings will inform supervisor / collaborator training to optimise the effectiveness of SLEs; this is fundamental to all of the RPS post-registration curricula.

Post-registration foundation training programmes

The RPS has sought to establish collaborative partnerships for the first wave of training programmes aligned to the curriculum and the following is a summary:

Scotland NES are currently developing a new Post-registration Foundation Programme aligned to the RPS curriculum. The programme will be open to newly qualified pharmacists working in all sectors and will launch in September 2021. The programme will be modular, with potential to move to integrated. The RPS post-registration foundation programme lead has been seconded to NES 0.4 WTE to support the development and implementation of the new programme.

Wales HEIW are currently out for tender for an HEI delivered post-registration foundation programme aligned to the RPS curriculum, with a view to starting in 2022. Their programme will be integrated.

England We are aware that The University of East Anglia (UEA) is currently developing a new post-registration foundation programme aligned to the RPS curriculum. The intention is for this to be an integrated programme.

We are not currently aware of any other developments within England but continue to seek collaborative partnerships.

Abstract

Our abstract has been accepted as a short oral presentation for the An International Association for Medical Education (AMEE) conference in August 2021:

‘Designing a novel programme of national assessment for early career pharmacists: Painting a blank canvas’

Timelines:

Formal consultation	Closes 18 th June 2021
Publish curriculum	July 2021
Assessment proof of concept pilot	July-Sept 2021
e-portfolio launch	August 2021

5. Advanced and Consultant Practice

5a. Advanced Pharmacist Credentialing

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 is now underway to develop a 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:

- Development and broad agreement of the advanced core curriculum purpose statement
- Development of the advanced core clinical domain outcomes and descriptors
- Agreement of the assessment principles and philosophy for advanced core
- The agreement of the development groups for the curricula underpinning the two specialist credentials

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

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

5b. Consultant Pharmacist - Post approvals

Consultant pharmacist post approval data: 2021

	Post titles	Sector	Country	Initial outcome	Resubmission outcome	Final outcome
Jan – Mar	Consultant Pharmacist Older People	Secondary	England	Approved	N/A	Approved
	Consultant Pharmacist Genomics	Secondary	England	Provisional	Pending	Pending

Consultant Pharmacist Posts in Genomics across England

NHS England have funded 7 regional posts to lead on the development and integration of pharmacogenomics into practice as part of the Genomic Medicines Service Alliance (GMSA). The chief pharmacists for each of the regional services have an ambition for these roles to be consultant pharmacist posts and have worked collaboratively on developing the required documents and supporting information.

This is a unique situation where posts are being developed as part of a new system/infrastructure. A request has been made for one post submission to be reviewed and all other posts to be based on the same documentation and automatically approved as a consultant pharmacist post.

The submitted post was reviewed by a consultant pharmacist post approval panel. The panel identified that there are elements of the submission that need to be updated with local/regional context in order to be able to approve the post and feedback has been given directly to the applicant.

The RPS is keen to avoid duplication and make the process as seamless as possible for applicants, in doing so the following elements needed to be considered:

- All posts must be approved, in line with the consultant pharmacist guidance
- Collaboration across regions in the development of posts should be supported, as this drives consistency
- Duplicate assessment should be avoided as it is an unnecessary use of resource
- The post approval process should take account of local and regional influence on a role as well as national drivers

Based on the considerations above it is recommended that the information provided as part of the initial submission can be used by each of the regional GMSA services with no additional assessment of the core submission.

A template was devised and has been shared with the GMSA chief pharmacists. In recognition of the reduced burden associated with reviewing a part submission, a 50% reduction on the post approval assessment fee has been offered.

5c. Consultant Pharmacist Credentialing

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

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

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

Since the launch of the consultant pharmacist credentialing process, we have received 3 portfolio submissions – 1 submission in the first window and 2 submissions in the second window.

Consultant pharmacist individual credentialing outcomes 2021

	Gender	Sector	Country	Outcome	Ratified date
Applicant 1	F	Primary care	England	Standard not met	17 March 2021

Applicant 2	F	Hospital	England	Standard met	1 June 2021
Applicant 3	F	Hospital	England	Standard not met – insufficient evidence	1 June 2021

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

E-portfolio solution

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

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

The following data summarises user engagement for the consultant pharmacist e-portfolio since its launch in October 2020.

	Number of users	
	Learners	Collaborators
	351	171
Members	294	N/A
Non-members	57	N/A

An e-portfolio user group has been established to:

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

We have received feedback from users around changes that could improve e-portfolio functionality:

Feedback	Action	Timescale
Users are finding it difficult to get	We have implemented an SLE ticketing process	Developed in 2 weeks, with testing taking place

collaborators to complete SLEs as the collaborators do not want to register onto the e-portfolio	which will enable users to email an SLE ticket link directly to their collaborator. This means collaborators will no longer need to register onto the e-portfolio to access SLEs.	for 10 days and an anticipated launch in mid-June
User would like more patient survey guidance including an additional needs version	We also created more detailed patient survey guidance including instructions on how to complete the survey on the e-portfolio and via paper. We have created an additional needs version of the survey and have created a patient survey information leaflet.	Launched on 13 th May 2021
Users would like the ability to add a title to SLEs	Add the functionality to add titles to SLEs.	Developed with the SLE ticketing process and will launch in mid-June.
Users would like the ability to link SLEs within the e-portfolio	We are currently working with our consultant pharmacist e-portfolio user group to explore how we can develop a user-friendly process to link SLEs within the e-portfolio.	July 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	Engagement metrics – views
January	Effective use of SLEs to evidence	47	RPS Member – 46 RPS international member – 1	59

	learning – Clinical (1)			
February	Effective use of SLEs to evidence learning – Clinical (2)	157	RPS Member – 183 RPS international member – 21 RPS Student/pre-reg – 7	15
March	Effective use of SLEs to evidence learning – Non-clinical	65	RPS Member – 90 RPS international member – 5 RPS Student/pre-reg – 0	14
April	Effective use of SLEs to evidence learning – Reflective practice	70	RPS Member – 104 RPS international member – 7 RPS Student/pre-reg – 3	10

Member feedback summary

Month	Webinar content	Polls	Feedback
January	Effective use of SLEs to evidence learning – Clinical (1)	82% would recommend webinar to colleagues 82% thought the webinar met their learning objectives	'I am at a very early stage in the credentialing process however have grasped an idea of what is expected of me and useful to know it can be done at a speed to suit individual's work and personal life'.
February	Effective use of SLEs to evidence learning – Clinical (2)	100% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Definitely a much better event with real life worked examples and a current consultant pharmacist present as part of the panel. Would be great to have more worked examples on how consultant pharmacists developed their portfolios and the different practitioners and scenarios they used as part of their evidence submission'.

			'Great community of practice'.
March	Effective use of SLEs to evidence learning – non-clinical	97% would recommend webinar to colleagues 100% thought the webinar met their learning objectives	'Good focussing on just 3 SLEs per session so that not overloaded. Good to have clear indication of what situations each SLE could be used for. Like having consistent approach to delivery across the series as reinforces main points such as specificity of feedback and informing collaborators of the expectations. 'It was easy to follow, explained well and the examples help a lot'.
April	Effective use of SLEs to evidence learning – Reflective practice	100% would recommend webinar to colleagues 98% thought the webinar met their learning objectives	'This has been really useful and thanks for taking feedback comments on board'. 'Useful detailed session'.

Abstract

Our abstract has been accepted as a short oral presentation for the An International Association for Medical Education (AMEE) conference in August 2021:

'From serendipity to standardisation: Designing and implementing a national curriculum to credential entry-level consultant pharmacists'

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS, partnering with RCGP, was awarded a contract with Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) to community pharmacists in England. Course delivery commenced in October 2020 and by the end of April we had delivered 179 courses to just under 4000 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 Q1 learner evaluation response rate of over 40%. Our focus over Q1 has been stakeholder engagement to support learner recruitment, with agreements with a number of employers including Tesco, Well and Lloyds. Following consultation with HEE, we have opened the training up to pre-registration pharmacists, to prepare them for registered practice. To date we have trained pre-registration cohorts for Well and Lloyds pharmacies with bookings in place for Kamsons, Greenlight and Imaan Healthcare.

Antimicrobial Stewardship Training Programme

Our HEE funded RPS Antimicrobial Stewardship (AMS) Training Programme was launched in November 2020 to a further 30 learners from community, primary care, CCG and hospital areas of practice. Delivered in collaboration with Public Health England and UKCPA, this blended learning programme has been adapted to the digital environment, and aims to upskill pharmacists to apply PDSA cycles (Quality Improvement methodology) and behaviour change interventions to improve AMS in their workplace. In March 2021, we completed the final assessments for learners, with 4 learners from across different sectors of practice achieving 'exceeds expectations'. We are now focusing on developing an AMS showcase event in October 2021 to share experiences and learning from this cohort to a national audience.

Over Q1/2, we have worked with the Commonwealth Pharmacists Association to scope a potential expansion of this programme to a global audience, with focus groups held with 8 African nations to identify potential learning needs around leadership and Antimicrobial Stewardship training.

Transition Programmes

We continued working with NHS111 in Wales, and HEIW to support the delivery of the Transition programmes – supporting 32 pharmacists new to NHS111 and 24 pharmacists new to General Practice in Wales. Over Q1/2 2021 we have built and tested a new e-portfolio for NHS111 which is due to go live in June. We are also in negotiations with HEIW regarding a contract for e-portfolio development for their GP transition programme

6b. Educational Events

In Q1/2 we have secured collaboration agreements with a number of significant national organisations for the delivery of our new member benefit webinar series' within our RPS Live Content Streams: 'Clinical Updates and CPD' and 'Safer Use of Medicines'. We have now launched the following digital education series':

- MHRA – delivery of 1 initial session with view to further collaborations.
Delivered March 2021

- RPS/NICE Education Series – 1 year contract for small group learning sessions aligned to updated NICE guidance. Launched April 2021
- RPS hosted Joint Royal College Medicines Safety Education Series: initial 1 year collaboration collaborating with Royal College of Physicians, Royal College of General Practitioners, Royal College of Nursing, British Pharmacological Society, Royal College of Paediatric and Child Health. This series has also been publicly supported by NHSE/I and HEE. Launched April 2021.
- CPCS Supplementary webinar series (for RPS members), based on topics requested by learners via our CPCS CPD course evaluation review. Launched May 2021, and to date collaborations with:
 - PharmOutcomes
 - British Association of Dermatology
- PhP:
 - Critical Illness – aligned with launched of new PhP Critical Illness resource

Month	Webinar content	Number of registrations	Number of post session recorded views
January	Clinical Trials and Pharmacy: Get Involved!	175	26
March	RPS and MHRA: How to navigate medicines reclassifications	158	59
March	Long COVID: What is it and how to manage it	355	N/A
April	Critical Illness – Using the latest MedicinesComplete resource in practice	190	N/A
April	NICE Webinar Series (1) - How can NICE help you?	295	36
April	Joint Royal Colleges Webinar Series (1) - The risk-benefit see-saw: high risk medicines and the impact of context	385	57
May	CPCS member series (1) – PharmOutcomes – a live demo and Q&A	197	N/A

Additionally, we are delighted to have had an abstract accepted for presentation at the Association for Medical Education in Europe conference 2021, sharing details of our highly valued RPS COVID-19 Education Programme of webinars and training resources for pharmacy professionals deployed to Care Homes and Critical Care settings.

6c. Operational infrastructure

RPS Live

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

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

The Education Delivery Team now chairs the RPS Live Planning Group, Scheduling Group (with co-chair from RPS Events team) and Quality Group. Following our first RPS Live Planning meeting in December 2020, and first RPS Live Scheduling meeting in January 2021, we were able to publish on our website, a 6-month calendar of RPS Live events across the above content streams for the very first time.

For Q1 and 2 we scheduled and reviewed feedback collected from circa 90 events (excluding CPCS sessions).

RPS Live is now a key feature of our member offer, with insight and analytics gathered and reviewed at our Quality Group showing initial trends around relevance and value to members segmented by career stage and sector, as well as insights around the link between new member recruitment and registration to RPS Live content.

We are now leading an Equality Impact Assessment of RPS education and events delivery, supported by the PMEX team, to ensure that our programmes and events meet the needs of our members and attendees, and that they are not inadvertently discriminating against any protected group.

Learning Management System

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

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

- Assessor Training (credentialing pathways)

In Q2 we will be developing our 5-year Education Delivery Strategy. This technology will be integrated with our new e-portfolio platform, and will be key to our plans to extend our education offer to the wider membership and beyond.

7. Mentoring

To date we have 1735 registered* users on our mentoring platform. 1364 mentees (850 are active), 541 mentors (392 are active). 1331 mentoring requests have been made (630 are in progress, 163 already completed).

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

Mentoring guidance and resources

We have worked closely with our mentoring development group to scope and develop training content for mentors. A new webinar series will be delivered through 2021, starting in early June.

We have also been planning and co-ordinating peer support events for experienced mentors, a safe space for established mentors to enhance and refine their mentoring skills. This will be launched at the end of June.

To further embed quality and provide a more strategic steer for our mentoring service going forward, a new Mentoring Advisory Group has been recruited.

Publications

We have published two papers and had an abstract accepted for the Life Long Learning conference in June 2021.

Peer reviewed publications:

- Reflections of mentors and mentees on a national mentoring programme for pharmacists: An examination into relationships, personal and professional development. *Research in Social and Administrative Pharmacy*, 2021, <https://doi.org/10.1016/j.sapharm.2021.04.019>.
- Reflections of mentors and mentees on a national mentoring programme for pharmacists in the United Kingdom: An examination into organisational culture and systems. *Research in Social and Administrative Pharmacy*, 2021, (In Press).

Abstract:

- Understanding the mentoring needs of hospital and community pharmacists at different career stages

National Pharmacy Board meeting 23 June 2021

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
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	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

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

7.2 Powers and functions of the Boards

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

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

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

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

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

7.4 National Pharmacy Board Members

7.4.1 Duties

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

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

Duties include but are not limited to:

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

National Pharmacy Board meeting – 23 June 2021

Title of item	Sustainability & Climate Emergency Declaration
Author of paper	Elen Jones
Position in organisation	Director for Wales
E-mail	Elen.Jones@rpharms.com
Item to be led at the meeting by	Elen Jones
Headline summary of paper	To update on scoping work on pharmacy's role in sustainability and discuss future activity.
Purpose of item (decision / discussion)	Discussion & Decision Please note - this item will commence with a plenary session, then there will be a 20 minute breakout room session for each country (England/Scotland/Wales) back to plenary for conclusion of item.
For consideration	Declaration of a climate emergency. Priority areas for policy positions.
Risk implications	RPS & pharmacy more widely not demonstrating leadership and taking action on climate change.
Resource implications	Staff and board time

Country boards are asked to consider the following points:

(Directors will lead the discussion in breakout rooms. Board chairs will be asked to feedback top lines when the 3 boards re-group for points 1 to 3 only)

1. The board is asked to finalise and approve the climate emergency declaration, including our commitments as an organisation and for supporting our members (Appendix 1).

2. We propose setting up a virtual sustainability policy working group. We believe that the makeup of the group should be 2 members from each of the three country boards. We also would like to include other RPS members and sustainability experts in the group to help inform our work.
 - a. Do the boards support this approach?
 - b. Who from each board will be the nominated representatives on the group?

3. We propose creating a hub on the website to accompany the policy work to share best practice. We will also work to utilise the new RPS Connect digital solution for a wider sustainability network.
 - a. Do the boards support this approach?
 - b. Are there any other core activities the board would expect?

4. Some of the key documents and strategies for each of the three nations are outlined in the document (this is not an extensive list). Are there any key country specific points boards would like to raise?

Background:

Sustainability is one of the key policy priorities in the country teams 2021 business plan, as identified by the country boards.

Activity to date:

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

Strategic context

A review of existing literature and national strategies has been undertaken. Some of the key drivers across GB include;

England:

- Published in October 2020, the *Delivering a 'Net Zero' National Health Service* report outlines the strategic direction on sustainability for NHS England¹.
- Environmental impact report: Medicines optimisation Implementing the NICE guideline on medicines optimisation (NG5)²
- It has two major commitments:
 - *"The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040"*
 - *"The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045"*.
- A post of Chief Sustainability Officer has been created to deliver the strategy alongside the Greener NHS National Programme.

Scotland:

- A new Climate Change and Sustainability Strategy is under development for NHS Scotland and will be launched in 2021³ which will build on the Scottish Government's climate change policy and net zero commitments⁴.
- There is also an established The Sustainability Action 'brand' in place within NHS Scotland to promote awareness of sustainability within the NHS in Scotland⁵. It is also being used for sustainability-related change programmes.

Wales:

- NHS Wales published a Decarbonisation Strategic Delivery Plan in March 2021, which included a number of areas to be actioned with pharmacy involvement⁶.

¹ <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

² [Medicines-optimisation-sustainability-report.pdf \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG5/medicines-optimisation-sustainability-report.pdf)

³ <https://ricardo.com/news-and-media/news-and-press/the-net-zero-health-service>

⁴ <https://www.gov.scot/policies/climate-change/>

⁵ <https://nhssustainabilityaction.co.uk/about/>

⁶ <https://gov.wales/sites/default/files/publications/2021-03/nhs-wales-decarbonisation-strategic-delivery-plan.pdf>

- The Chief Pharmaceutical Officer in Wales has also recently appointed a Clinical Fellow to focus on sustainability, as part of her role Well-being of Future Generations (Wales) Act 2015.

International:

- 'Sustainability in Pharmacy' is one of the 21 FIP Development Goals⁷.
- 'Climate action' is one of the United Nations 17 goals for sustainable development

Insights from the profession

As part of our scoping activity, we have spoken to and received information from a number of pharmacists from across GB who have expertise and a passion for driving positive change for sustainability. It's notable that there are already great local examples of innovation and pharmacy teams changing their practice in order to become more sustainable.

Key themes emerging from the stakeholder engagement include:

- Populations health
- Medicines
- Medical gases
- Inhalers
- Travel and transport
- Optimising care closer to home
- Procurement
- Using digital to reduce waste
- Reducing Pharmaceutical Waste
- Reuse of medication
- Pharmaceuticals and water stewardship

- Education
- lack of a formal mechanism or network to share good practice and to link interested pharmacists across GB.

We are pleased that many of our members have been so pro-active in engaging with our policy work to date and welcome continued engagement, we would like to ensure more formal mechanisms for ongoing member engagement.

⁷ <https://www.fip.org/fip-development-goal-21>

We were disappointed to see pharmacists were initially excluded from The NHS England Chief Sustainability Officer's Clinical Fellow Scheme. We lobbied for inclusion and as a result pharmacists are now included. We continue to promote this opportunity to members.

Reviewing RPS organisational ways of working

Across the organisation we're continuing to work more efficiently and to reduce our corporate energy and waste management footprint.

We are reviewing and applying ESG (environmental, social and corporate governance) principles to all our investments and procurement policies, ensuring they lead to positive outcomes for the environment and society as a whole.

There will be updates on this and opportunities to input at future board meetings and through Assembly.

For Decision:

Country boards are asked to consider the following points (as outlined at the beginning of the paper questions 1 to 3):

1. Declaring a climate emergency.

A climate emergency declaration is a positive movement for an organisation to take action by acknowledging humanity is in a climate emergency. A declaration enables us to join forces with other organisational and Governments and is our commitment to be a part of the solution to try and stop human-caused global warming. To note, members of the three country boards have been actively engaging in the development of this declaration.

The board is asked to finalise and approve the climate emergency declaration, including our commitments as an organisation and for supporting our members (Appendix 1).

2. Policy and Position statements.

A wide evidence base has been gathered for positive steps that pharmacy and wider healthcare can make to reduce our contributions to climate change and to

positively influence future sustainability. We now need to refine this work and prioritise the areas that we believe will have the most significant impact.

We propose setting up a virtual sustainability policy working group. We believe that the makeup of the group should be 2 members from each of the three country boards. We also would like to include other RPS members and sustainability experts in the group to help inform our work.

3. Collaboration and sharing best practice:

It has become evident from our stakeholder engagement that members want to connect with others to help their approach to more positive sustainable approaches. We have also gathered many examples of good practice within pharmacy that we want to give a platform to and enable the sharing of best practice.

We propose creating a hub on the website to accompany the policy work to share best practice. We will also work to utilise the new RPS Connect digital solution for a wider sustainability network.