

### NATIONAL PHARMACY BOARDS' MEETING

Minutes of the Open business meeting held on Wednesday 2 February 2022, at 9 am, by Zoom.

#### Present

##### English Pharmacy Board

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

##### Scottish Pharmacy Board

Andrew Carruthers (AC) Chair, Brian Addison (BA), William (Iain) Bishop (IB), Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), John McAnaw (JM), Catriona Sinclair (CS), Jacqueline Sneddon (JS), Audrey Thompson (AT),

##### Welsh Pharmacy Board

Cheryl Way (CW) Chair, Ruth Mitchell (RM), Vice Chair, Eleri Schiavone (ES), Helen Davies (HD), Richard Evans (RE), Geraldine Mccaffery (GM), Jamie Hayes (JH), Sudhir Sehrawat (SS) Garth Hughes (GH)

#### In attendance:

Bella Shah, President BPSA  
Alex Scarbo, Vice President BPSA  
Jatinder Harchowal, Chair, Hospital Expert Advisory Group

**10 Member observers attended the meeting**

##### RPS Staff

Claire Anderson (CA) RPS President, Paul Bennett (PB) Chief Executive, Ross Barrow (RB) Head of External Affairs, Scotland, Corrine Burns (CB) PJ Correspondent, Sarah Crawshaw (SC), Clinical Fellow, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen

Jones (EJ) Director for Wales, Jonathan Lloyd Jones (JLJ) Policy and Engagement Lead, Wales; John Lunny (JL), Public Affairs Lead, England, Clare Morrison (CM), Director for Scotland, Carolyn Rattray (CR) Business Manager, Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Rachael Taylor (RTay), Support Officer, Robbie Turner (RT) (Director of Pharmacy and Member Experience, Cath Ward (CW), Business Manager, Wales, Laura Wilson (LW), Practice and Policy Lead, Scotland, Heidi Wright (HW), Practice and Policy Lead, England.

22/02/01.	<p><b>Welcome and address from CEO/President</b> Chair: Thorrun Govind (TG), Chair, English Pharmacy Board (EPB). Led by: Chair, EPB</p> <p>Paul Bennett (PB), Chief Executive, provided the initial welcome to Board Members (BMs), observers and staff. PB then introduced the RPS President, Claire Anderson (CA). CA added her warm welcome to everybody to the meeting. CA noted that it is LGBTQIA+ History Month. LGBTQIA+ was established in 2005; it celebrates diversity, raises awareness and combats prejudice in education. This year's campaign celebrates politics and art; it is inspired by a Martin Luther King quote: <i>"the arc of the moral universe is long but it bends towards justice"</i>. RPS will be acknowledging LGBTQIA+ History Month by holding an ABCD meeting on Tues 8 February.</p>	
22/02/02.	<p><b>Apologies</b> Chair: EPB, Led by: Chair, EPB</p> <p><b>SPB:</b> Kathleen Cowle (KC); John McAnaw (JMcA) <b>WPB:</b> Elly Thomas (ET), Dylan Jones (DJ).</p>	
22/02/03a.	<p><b>Declarations of interest</b> (Papers: 22.02/EPB/03a, 22.02/SPB/03a and 22.02/WPB/03a). Chair: EPB, Led by: Chair, EPB</p> <ul style="list-style-type: none"> <li>• Sharon (Sibby) Buckle (EPB) - <b>remove:</b> reference to father; <b>add:</b> works for the LPC two days a week as the CPCS Implementation and Programme Lead</li> <li>• Helen Davies (WPB) - <b>add:</b> member of Unite the union/Guild of Healthcare Pharmacists</li> <li>• Eleri Schiavone (WPB) - <b>add:</b> All Wales Medicines Strategy Group, Member of All Wales Medicines Strategy Group Steering Committee, Member of the WPB</li> </ul>	<p><b>YD</b></p> <p><b>CW</b></p> <p><b>CW</b></p>

	<p>There were no other declarations of interest.</p> <p><b>Action 22.02.01:</b> CW and YD to update decs of interest for their respective countries.</p>	
<b>22/02/03b.</b>	<p><b>Powers, Duties and Functions of the National Pharmacy Boards</b> (Paper: 22.02/NPB/03b) Chair: EPB Led by: Chair, EPB</p> <p>The National Pharmacy Boards</p> <p><b>noted</b></p> <p>The item: Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.02/NPB/03b).</p>	
<b>22/02/04.</b>	<p><b>Minutes of the National Pharmacy Boards' (NPB) Joint Formal Business meeting, held on 23 September 2021.</b> (Paper: 22.02/NPB/04) Chair: EPB, Led by: Chair, EPB</p> <p>The National Pharmacy Board (NPB)</p> <p><b>accepted as a true and accurate record</b></p> <p>the minutes of the formal NPB meeting held on 23 September 2021.</p> <p><b>Approved by:</b> David Carter (EPB). <b>Seconded by:</b> Iain Bishop (SPB).</p>	
<b>22/02/05.</b>	<p><b>Matters arising</b> Chair: EPB, Led by: Chair, EPB</p> <p>There were no matters arising.</p>	

22/02/06.	<p><b>Standing orders - voting</b> (Paper: 22.06/NPB/06) Chair: EPB, Led by: Robbie Turner, Director, PMEX</p> <p>The National Pharmacy Boards</p> <p><b>agreed</b></p> <p>the proposal to change the current standing order for the National Pharmacy Boards to align with the amendment to the Standing Orders for the Assembly. Amendment, as noted below:</p> <p>'12.3 If a vote is necessary to resolve a debate it shall be determined by a simple majority of votes cast. Names of members of the National Pharmacy Board voting for and against a recommendation or resolution and those abstaining from voting will be recorded'.</p>	
<b>Advancing professional practice</b>		
22/02/07a.	<p><b>Vision work</b> Chair: Andrew Carruthers (AC), Chair, Scottish Pharmacy Board (SPB), Led by: Country Directors</p> <p>The Directors for England, Scotland and Wales provided verbal updates on the RPS pharmacy visions in their respective countries.</p> <p><u>Wales:</u> Elen Jones (EJ), Director for Wales, updated Board members on the progress and updated plans for the Vision for Pharmacy work, since the original report <u>Pharmacy: Delivering a Healthier Wales</u> was published in 2019; RPS led on the Vision but worked closely with members of the Welsh Pharmaceutical Committee and other stakeholders ensuring the buy-in from the whole pharmacy family; engagement with so many stakeholders has allowed the vision to be driven forward. The report is made up of four key areas:</p> <ul style="list-style-type: none"> <li>• Enhancing patient experience</li> </ul>	

- Developing the pharmacy workforce
- Seamless pharmaceutical care
- Harnessing innovation and technology

The overarching direction of travel is to ensure that care in Wales is enhanced and focussed on the patient.

The vision is to be achieved by 2030 but, at the time that the report was published, interim goals were set for 2022; these are being reviewed. Welsh Government has set up a Delivery Board of practitioners and organisations to ensure that goals are achieved; a number of WPB members sit on the Board.

The setting up of a Delivery Board in Wales has ensure that the Welsh Vision continues to gain traction. A Welsh Pharmacy Partnership has also been established which brings together key stakeholders, e.g. Community Pharmacy Wales (CPW) and reports on a monthly basis.

RPS has been asked to lead the next set of goal development, setting the steppingstones for the 2025 goals; as part of this, RPS in Wales will lead another extensive engagement plan, with focus groups for pharmacists, pharmacy technicians and engaging with patient groups, the 3<sup>rd</sup> sector and other professional bodies.

Core 2025 goals will be set in May and consulted on. The vision will be launched in September with an accompanying website which is in development.

Scotland:

Clare Morrison (CM), Director for Scotland, announced that the Pharmacy 2030 Vision for Scotland would be launched during Scottish business today (2 February); Two documents, the full Vision and an executive summary can be found at:

<https://www.rpharms.com/pharmacy2030>. The vision has taken nearly a year to produce and has involved pharmacy teams across all settings who have been involved in focus groups and consultations It was developed in partnership with the National Pharmacy Technician Group Scotland with a focus on person-centred holistic care. The Vision is split into 2

	<p>sections; the first being about professional roles in pharmacy and the second being about underpinning infrastructure in order to achieve the Vision.</p> <p>The matter of traction will be considered at the launch of the Scottish Vision. The launch will be the 'start of making the Vision a reality'. Also, it will be responsibility of all BMs to ensure that the visions gain traction in their respective countries.</p> <p>It was confirmed that other healthcare professions had been consulted including royal colleges, patient groups (including the Alliance in Scotland), health and care and 3<sup>rd</sup> sector organisations.</p> <p>CM concluded by thanking everyone who had been involved in the development of the Vision.</p> <p><u>England:</u> Ravi Sharma (RS), Director for England, provided a brief verbal update.</p> <p>The EPB requested the team at September's Board Meeting to explore the possibility for RPS to lead a professional vision for pharmacy in England working in collaboration with members, the profession, pharmacy organisations, healthcare stakeholders and patients.</p> <p>This is particularly important time in England with Government and NHS England/Improvement rebuilding healthcare services and the NHS beyond COVID19 pandemic, emergence of a 'new breed' of pharmacist prescribers from 2026, NHS in England reforms and maturity of Integrated Care Systems, a focus on personalised care and ensuring that people get the best use from their medicines along with an unprecedented era of economic, demographic, and technological changes. All of which present challenges and opportunities for the pharmacy profession in England.</p> <p>The plans in relation to any RPS England vision work are in their initial stages and subject to further discussions and engagement, we hope to progress this during 2022.</p>	
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	<p>Common threads will work though all three visions and it will be crucial that learnings are taken from each and that duplication of effort is avoided. Milestones will be used to measure progress towards 2030. EJ noted that the Welsh Pharmacy Contract is closely aligned to the Welsh Vision and reflects that, for the Vision to really work, it has to be adopted by and aligned to the whole pharmacy family including all stakeholders. CM noted that each Vision needs to reflect the needs of each country's devolved services but that they should be aligned across GB: 'there should be the same solid spine'.</p> <p>The National Pharmacy Boards</p> <p><b>noted</b></p> <p>the visions for pharmacy across all three countries.</p>	
<p><b>22/02/07b.</b></p>	<p><b>Pharmacogenomics</b> (Paper: 22.02/NPB/07b)  Chair: SPB, Led by: Ravi Sharma, Director for England and Sophie Harding, Pharmacogenomics Lead</p> <p>RS noted that Sophie Harding, Pharmacogenomics Lead, was unable to attend the meeting and that he would provide the update on pharmacogenomics.</p> <p>Following the discussion at the September 2021 Board meeting regarding genomics and personalised medicines, the NPBs recommended that the RPS team focus on pharmacogenomics, raising awareness and supporting RPS members in this area. The paper outlines the project plan for 2022.</p> <p>BMs were asked to review and agree objectives for the RPS Pharmacogenomics Project for 2022.</p> <p><b>In response to the questions posed in paper: 22.02/NPB/07b:</b></p> <p><b>1. To review and consider the proposed project objectives</b></p>	

	<p><b>a. Are the proposed objectives the ambitions board members would like for RPS in pharmacogenomics?</b></p> <ul style="list-style-type: none"> <li>• BMs were supportive of the proposed project objectives.</li> </ul> <p><b>b. Is there anything that has been omitted or needs further consideration?</b></p> <ul style="list-style-type: none"> <li>• Consider upskilling of the existing workforce to ensure that all pharmacists are 'equipped with the knowledge'</li> <li>• Wider engagement to ensure that pharmacogenomics is considered as a subject for all pharmacists, 'normalised' rather than a 'specialism'.</li> </ul> <p><b>2. What stakeholder relationships across the three Boards could support and inform the success of this project?</b></p> <ul style="list-style-type: none"> <li>• Bio industry, pharma, internal (RPS) and external expert groups as appropriate, e.g. UKCPA and BOPA.</li> </ul> <p><b>3. How should we measure impact of our pharmacogenomics project?</b></p> <ul style="list-style-type: none"> <li>• Important to consider how other countries have measured the impact of pharmacogenomics, e.g. the Netherlands. It was agreed that the focus of RPS should be to measure the impact on practitioners rather than measuring impact at a service level.</li> </ul> <p><b>4. We want to work with board members who have an interest and/or expertise in this area to advise and support the work we are doing and help us lead the profession. We would like each board to nominate one to two board members who act as our points of call throughout the project.</b></p> <ul style="list-style-type: none"> <li>• BMs volunteered to advise and support the pharmacogenomics workstream: (SPB) Lola Dabiri (LD) and Jacqueline Sneddon (JS), (EPB) Tracey Thornley (TT). Volunteers from WPB required.</li> </ul> <p><b>Action 22.02.02:</b> Board Members to email RS/SH with suggestions re: stakeholder engagement.</p>	<p><b>BM/RS/SH</b></p> <p><b>RS/SH/CDs</b></p>
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	<b>Action 22.02.03:</b> Ravi to engage with the CDs and Board Chairs (especially representation from the WPB) re: volunteers.	
<b>22/02/07c.</b>	<p><b>Items for noting – Advancing Professional Practice</b> (Paper: 22.02/NPB/07c) Chair: SPB, Led by: Chair, SPB</p> <p>The NPB members <b>noted</b> the following items and corresponding papers 22.02/NPB/07c (i – vi).</p> <p>con</p> <ol style="list-style-type: none"> <li>i. Science &amp; Research update</li> <li>ii. Covid Response Team update</li> <li>iii. Independent prescribing</li> <li>iv. Education update</li> <li>v. Policy</li> <li>vi. Sustainability</li> </ol>	
<b>Professional Belonging</b>		
<b>22/02/08a.</b>	<p><b>Workforce</b> (Paper: 22.02/NPB/08a) Chair: EPB, Led by: Clare Morrison, Director for Scotland CM introduced the item and NPB highlighted that it is important to interlink the vision and the workforce as it is all linked to wellbeing. Breakout rooms:</p> <p><b>EPB key highlights</b></p> <ul style="list-style-type: none"> <li>– Focus on delivering the key workforce Wellbeing asks focussed on preventing cause of poor wellbeing <ul style="list-style-type: none"> <li>○ Protected Learning time needs to be resourced/funded</li> <li>○ Protected rest breaks need to be resourced/funded</li> <li>○ Clinical supervision/support needs to be better established and fundamental part of improving culture and environment</li> <li>○ Need for more support for training staff/skill mix/development opportunities to support pharmacists' day job.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"><li>○ Working with the GPhC on guidance on wellbeing and I&amp;D would shift behaviours</li><li>○ Attracting pharmacists to the profession, retaining current workforce and preventing pharmacists leaving the profession. Helping improving working environments and wellbeing will hopefully make this better.</li></ul> <ul style="list-style-type: none"><li>– There needs more investment in the pharmacy workforce to achieve visions and to help advance professional practice.<ul style="list-style-type: none"><li>○ Development opportunities that are properly funded and tarified (e.g. backfill, support for supervision)</li><li>○ Development and training opportunities need to be accessible to all pharmacists</li><li>○ More done with NHS around clinical prioritisation to help manage workload – example of community, general practice and hospital pharmacy being asked to do more on top of everything else with limited capacity and team.</li></ul></li><li>– Needing to consider innovative and technology approaches to help support workload and use the best skills of pharmacists.</li><li>– RPS 2022 wellbeing survey should go into more detail around why people are leaving different roles and the profession entirely. Need to gain more intelligence to shape our advocacy work going forward. Noted that this has been done and 4 key areas that have come up as part of the 2021 survey were: need for protected learning times, need for protected rest breaks, lack of work/life balance and lack of support staff.</li></ul> <p><b>SPB key highlights</b></p> <ul style="list-style-type: none"><li>– Workforce needs to be considered in conjunction with the I &amp; D and wellbeing workstreams</li><li>– Ensure protected learning time; work with governments and individuals to ‘normalise’ being on a career framework - ‘mindset change required’</li><li>– Ensure protected breaks; educate the public to understand that pharmacists need to take breaks: ‘safety is the bottom line’</li><li>– Promote the clinical services aspect: ‘combine with always being available but not’; encourage appointments. ‘Need to win hearts and minds of the public</li></ul>	
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- Need to analyse what is within the gift of a pharmacist and also, the barriers to be able to understand what is possible
- Engage with key stakeholders to ascertain how and what RPS can influence; work collaboratively to make change. CM noted that engagement was taking place on an ongoing basis with key stakeholders, not least of which is the Directors of Pharmacy Group (DoPs) and the DoPs' sub-groups
- Monitor vacancies – potential to run a survey; need to understand what pharmacists are 'having to do' rather than 'contracted to do'
- Actions to improve capacity –
- Better understanding within multi-disciplinary teams of what team members can do
- Look at the root cause of workforce issues, lobby government for change
- Need to consider the 'sacred cows'; what can be given up in order to embrace the new, e.g. IP and pharmacogenomics
- Ask the workforce what they think can be done to improve working conditions

**WPB key highlights**

- RPS Wales is working with HEIW on urgent workforce issues and will be feeding in current issues and potential solutions based on the discussion at the board and ongoing dialogue with our wider membership
- Consideration needs to be given across all sectors and the impact that shortages in workforce has on another sector
- Wellbeing and pressure – time to work on some solutions not just calling for change but articulating what the change could be
- Look at skill mix to include within the pharmacy team but also administrative support where needed, for example, those undertaking clinics in secondary care.
- Discussion on the positive incentives within the new community contract for enhancing skill mix.
- Job planning, system approach – bring consultants pharmacists together to help those understand what is expected of them through HEIW is very useful for our work

	<p>- Interprofessional team working, prudent healthcare and protected time need more discussion. Raise in minimum wage think more about our lower band keep them in pharmacy – Enable by changing contracts</p> <p><b>Action 22.02.04:</b> Country Directors will summarise next steps and circulate to boards.</p>	
<b>22/02/08b.</b>	<p><b>Items for noting – Professional Belonging</b> (Papers: 22.02/NPB/08b (i) and (ii)) Chair: EPB, Led by: Chair, EPB</p> <p>The NPB members <b>noted</b> the following items and corresponding papers 22.02/NPB/08b (i and ii).</p> <ul style="list-style-type: none"> <li>i. Inclusion &amp; Diversity – project update</li> <li>ii. Workforce wellbeing</li> </ul>	
<b>Professional Engagement</b>		
<b>22/02/09a</b>	<p><b>2022 events programme and Annual Conference</b> Chair, WPB Led by: Hanna Jenvey, Events &amp; Sponsorship Manager/Beth Ward, Head of Education</p> <p><b>Looking back to 2021</b> - it was acknowledged that the pace was very fast and successful for RPS. 166 digital events were hosted with over 15,000 attendees. There were 682 CPCS events. One in five members attended events and the poll rates were high and positive for holding more. The figures also revealed there was good recruitment and retention correlation through digital events</p> <p><b>Looking forward to 2022</b> - HJ advised that RPS live events will continue across organisation along with the roll out of CPCS to over 800 students. Annual revision courses have been improved to include new clinical experts and mock exam writers.</p> <p>HJ advised that face to face events will return and NPB noted that a blog was being issued concerning the key dates and highlights of improvements. Hybrid events will go forward as a mix for the Annual Conference and the SR summit to give people choice – working with</p>	

	<p>suppliers who value same values as RPS in terms of sustainability and safety measures – covid etc</p> <p><b>Annual Conference</b> is confirmed as Friday 11<sup>th</sup> November in London. BW is leading on content delivery and theme for the conference is the” Future of Pharmacy”</p> <p>A steering group will be established to agree the content. She advised the NPB that a written update will be made available to the board monthly. She also asked if the board could assist identifying sponsorship opportunities.</p> <p>NPB asked how they could be involved and suggested that drop-in sessions could be organised at lunch time and sharing pictures of board members and which board they are on.</p> <p><b>Action 22.02.05:</b> HJ to share the sponsorship packages</p>	
<b>22/02/09b</b>	<p><b>Items for noting – Professional Engagement</b> (Papers: 22.02/NPB/09b (i) and (ii)) Chair: WPB Led by: Chair WPB</p> <p>The NPB members <b>noted</b> the following items and corresponding papers 22.02/NPB/09b (i and ii).</p> <ul style="list-style-type: none"> <li>i. 2022 NPB elections</li> <li>ii. Public affairs</li> </ul>	
<b>22/02/10</b>	<p><b>Any other business</b> Chair: WPB Led by: Chair WPB</p> <p>There was no other open business.</p>	

**The meeting closed at: 11.45am**

**Action list**

<b>Item No</b>	<b>Action</b>	<b>By Whom</b>	<b>By when /Open/Closed</b>
<b>22.02.01 (03a)</b>	Decs of interest: CW and YD to update decs of interest for their respective countries.	<b>CW/YD</b>	<b>February/Open</b>
<b>22.02.02</b>	Pharmacogenomics: Board Members to email RS with suggestions re: stakeholder engagement. (Question 2).	<b>BMs/RS/Sophie Harding (SH)</b>	<b>February/Open</b>
<b>22.02.03</b>	Pharmacogenomics: Ravi to engage with the CDs and Board Chairs (especially representation from the WPB) re: volunteers to join a pharmacogenomics project group. (Question 4).	<b>RS/Country Directors/Board Chairs/SH</b>	<b>February/Open</b>
<b>22.02.04</b>	Workforce: Country Directors will summarise next steps and circulate to boards.	<b>Country Directors</b>	<b>Feb/March/Open</b>
<b>22.02.05</b>	Annual Conference: Share the sponsorship packages with Board Members.	<b>HJ</b>	<b>February/Open</b>