

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. • Online communities – networking – currently surveying members and non members– RPS members are encouraged to respond. 	

	<ul style="list-style-type: none"> • 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
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
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 Q1 Apr/May
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. • Board members to provide information to the Policy team of any planned national WFWB programmes of work. 	Policy team Board members/Policy team Board members	Feb Feb Feb
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