

ROYAL PHARMACEUTICAL SOCIETY

National Pharmacy Board Meeting

Open Business

Wednesday, 3 February 2021
at 9 am

By Zoom

ROYAL PHARMACEUTICAL SOCIETY

Joint National Pharmacy Board meeting 3 February 2021

OPEN BUSINESS

This meeting will be held virtually by using ZOOM.

OPEN BUSINESS AGENDA - 3 February 2021 at 9.00am – 12.40am

Item (approx.. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item chaired by
1. (9.00) (10 mins)	Welcome	For noting	Verbal	For the Chair to welcome those present	President	President
2. (9.10) (10 mins)	Address from CEO	For noting	Verbal		CEO	President
3, (9.20) (5 mins)	Apologies	For noting	Verbal	To note apologies	Chair	President
4.	Declarations of Interest	For noting	21.02/EPB/SPB/WPB/04	To note declarations of interest (either standing interests or interests specific to this meeting)	Chair	President
Break out rooms into England Scotland and Wales						
5. (9.25) (15 mins)	Minutes	For decision	21.02/EPB/05, SPB/05, WPB/05	To approve minutes from the open business of EPB/SPB/WPB meeting on 8 October 2020	Chair	Chairs of Boards
6.	Matters arising	For noting	21.02/EPB/06, SPB/06, WPB/06	To note matters arising from the above minutes that are not specifically included on the agenda	Chair	Chairs of Boards
All participants return to main zoom room at 9.40am						
7. (9.40) (60 mins)	COVID Response Team (CRT)	For noting and discussion	21.02/NPB/07	For the Country boards to inform and shape the pro-active elements of the COVID Response team's work. Key questions are outlined, but	Elen Jones, Gino Martini, Wing Tang	SST

				note that these are subject to change if any pressing, reactive issues arise the week of the board meeting that require input to help inform actions.		
Comfort break at 11.00 – 10 mins						
8. (11.10) (30 mins)	GPhC	For discussion	Verbal	For the National Boards to discuss the current status of the Prov reg exam as well as the future of the registration exam	Gail Fleming	CA
9. (11.40) (20 mins)	Inclusion and Diversity	For noting and discussion	21.02/NPB/09 (a) and (b)	(a) For country boards to inform and shape the RPS Workforce Pledge as part of the RPS I&D Strategy. (b) RPS Inclusion and Diversity update and progress paper for noting	Amandeep Doll	JB
10. (11.55) (20 mins)	Workforce Wellbeing	For noting and discussion	21.02/NPB/10	For country boards to discuss actions and support required to progress the Workforce Wellbeing support and networks workstream.	Heidi Wright	SST
11. (12.10) (30 mins)	Brexit	For discussion	21.02/NPB/11	For Country Board discussion on the Brexit priority areas and whether there are other key issues where further work is needed?: <ul style="list-style-type: none"> • Medicines supply • EU prescriptions – status • FMD • Life sciences 	Country Public Affair Leads	CA
12.	Papers for noting	For Noting	21.02/NPB/12(a) 21.02/EPB/SPB/WPB/12(b) 21.02/NPB/12(c) 21.02/NPB/12(d) 21.02/NPB/12(e) 21.02/NPB/12(f)	(a) Board members – responsibilities and functions (b) National Board Elections for 2021 (England/Scotland/Wales) (c) Education – quarterly report (d) Science and Research report (e) Policy and consultations (f) Public Affairs		JB

13. (12.30) (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	JB
14. (12.40)	Dates of next meetings	For noting	All dates to be diarised	Dates for 2021 Induction and working day – 22 June 2021 Board meeting 23 June 2021 Board meeting 23 September 2021 (Note: there is an option for an additional board day if required for EPB)	Chair	JB
12.40 End of Open Business – Confidential business for Board members and staff only will resume at 13.10						

English Pharmacy Board meeting February 2021

OPEN BUSINESS
ITEM 21.02.EPB.04

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

Sandra Gidley

- Self-employed locum community pharmacist
- Regular consultancy for Eden and Partners (political awareness training)
- Member of Liberal Democrat Party
- Liberal Democrat Borough Councillor, Test Valley Borough Council
- Son is a registered nurse
- Member of Bath University external reference group (same phrasing as Mike Hannay)
- Councillor for CPA (Commonwealth Pharmacists Association)
- Member of PHP Board

Thorrund Govind

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

Brendon Jiang

- Medicines and Prescribing Associate, NICE
- Steering group member, Southwest LPN
- Committee member, Primary Care Pharmacy Association
- Senior PCN Clinical Pharmacist, CLICK Primary Care Network
- Editorial Advisory Board member, Pharmacy in Practice
- Clinical Lead – Medicines Optimisation for the South West Academic Health Science Network

Hemant Patel

- Secretary, North-East London LPC
- Director, Havering HealthWatch
- Director, National Pharmacy Association
- Director, SelfCare Nation Ltd (family company)
- Council member – National Association of Primary Care
- Occasional blogs and articles

Mahendra Patel

- Honorary Visiting Professor University of Bradford (non-paid)
- Honorary Visiting Senior Lecturer, Academic Unit of Primary Medical Care, Medical School, University of Sheffield (non-paid)
- Adjunct Professor of Pharmacy Wilkes University, Pennsylvania USA
- Steering Group Member RPS Local West Yorkshire (LPF) (non-paid)
- Member of AMR in community pharmacy task and finish group: English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) Oversight Group (non-paid)
- Pharmacy Research Champion NIHR (Yorkshire & Humber CRN)
- Visiting Professor University Sains Malaysia (USM) Malaysia
- Northern Lead South Asian Health Foundation Registered Charity (non-paid)
- Pharmacy Lead and Associate member British Association of Physicians of Indian Origin (BAPIO) (non-paid)
- Mouth Cancer Foundation Trustee Director Registered Charity (non-paid)
- Sessional Lecturer: Department of Pharmacy University of Huddersfield and University of Birmingham
- National Steering Committee Member House of Care British Heart Foundation (non-paid)
- Advisory Member NICE Accreditation (non-paid)
- Fellow of the Indian Pharmaceutical Association (IPA)
- International Honorary Ambassador by the Order of Lebanese Pharmacists (OPL)(non-paid)
- Teaching Faculty Member of the Department of Education, International Program of the Chair in Bioethics UNESCO (non-paid)
- Articles, journal and academic reviewer (non-paid)
- HSJ Awards Judging Panel Member (non-paid)
- Clinical Advisory Board Member Chemist and Druggist (non-paid)
- Self-employed occasional locum pharmacist
- Daughter and son both GPs

Duncan Petty

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

Ash Soni

- Director and Superintendent, Copes Pharmacy Ltd
- Director, Ash Soni Ltd.
- Director, Soni Properties (UK) Ltd.
- Director, Hurley Assets Ltd.
- Director, Castle Maltings Ltd.
- Director, Soni PMC Ltd.
- NHS England (London region) – LPN Pharmacy Chair
- Visiting Professor – Huddersfield University
- Executive & Council member – National Association of Primary Care
- Member of the Expert Advisory Community Pharmacy group for the MHRA
- Community Pharmacy Representative on the Regional Medicines Optimisation Committee in London

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

03 February 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, Scottish Pharmacy Board

Ewan Black

- Pharmacy Superintendent & Manager, Stronvar Ltd, Greenhead Pharmacy, Dumbarton
- Member, Scottish Pharmacy Board
- Member, PPC, Greater Glasgow & Clyde Health Board
- Wife is a hospital pharmacist

Anne Boyter

- Senior Lecturer, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde
- Member, RPS Scottish Pharmacy Board
- Chair, RPS Membership Committee
- Member, RPS Steering Group for West Central Scotland LPF
- Associate Member, Community Pharmacy Scotland
- Member, SIGN / BTS steering group for the National Guideline on the management of asthma
- Co-Chair, Pharmacology Group
- Chair, Pregnancy Group
- National Pharmacy Awards Judge
- Sponsorship for attendance at ERS from NAPP Pharmaceuticals
- Speaker at NAPP Pharmaceuticals meeting

Jonathan Burton

- Community Pharmacist & Director, Right Medicine Pharmacy, University of Stirling (2000-Present)
- Chair, RPS Scottish Pharmacy Board (2019-)
- Member, SIGN Guideline development group for uncomplicated UTI management
- Assistant editor: Pharmacy Management of Long-term Medical Conditions, a textbook due to be published by Pharmaceutical Press in late 2020/early 2021.

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

Alasdair Macintyre

- Community Pharmacist and Superintendent Pharmacist, A & P Macintyre Ltd
- Director, Community Pharmacy Scotland
- Member, RPS Pre-registration Advisory Group
- Member, RPS Scottish Pharmacy Board
- Member, RPS Finance & Investment Committee
- Member, RPS Supervision Working Group
- Member, 5 Year Undergraduate Programme Development Group
- Chair, Community Pharmacy, Greater Glasgow and Clyde
- Chair, APC NHS Lanarkshire
- Wife is a Primary Care Pharmacist, NHS GGC
- Participant, Syrimed Pharmacy Advisory Board

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, Scottish Pharmacy Board
- Wife is director, shareholder and pharmacy superintendent, Lomond Pharmacy Ltd.
- Judge, Scottish Pharmacy Awards

Ailsa Power

- Associate Postgraduate Pharmacy Dean, NHS Education for Scotland
- Member, RPS Scottish Pharmacy Board
- National Pharmacy Awards Judge

Deborah Stafford

- Principal Pharmacist for Education, Training and Development within NHS Tayside. January 2009 onwards
- NES/RPS Educational development pharmacist (Nov 2014-Dec 2015)
- Member, RPS Scottish Pharmacy Board
- Member, Pharmacy Management National Reference Group
- Judge - Scottish Pharmacy awards 2018
- Chair of Scottish Hospital Pharmacist Education and Training SIG.

Updated: 3 February 2021

ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board -Declarations of Interest

Suzanne Scott – Thomas

- Clinical Director and Head of Medicines Management Cwm Taf UHB
- Chair of Community Pharmacy Digital Applications Programme Board in Wales
- Chair of Welsh Pharmacy Board, RPS
- Member of the Guild of Hospital Pharmacists
- Member of Assembly, RPS
- Director of Coedraith Caravan Site (unpaid)

Paul Harris

- Currently employed by and receive a salary from Lloyds Pharmacy
- Currently receive an honorarium from the Company Chemists Association
- Chair of the Welsh Management Group of the Company Chemists Association
- Member and Chair of Welsh Pharmaceutical Committee
- Member of Joint Professional Advisory Committee
- Member and Vice Chair of RPS Welsh Pharmacy Board
- Board Director for Community Pharmacy Wales Board
- Member of Aneurin Bevan Health Professional Forum
- Member of Primary Care Reference Group

Ruth Mitchell

- Community Pharmacist, Pharmacy Operations and Leadership Manager Boots UK
- WCPPE trainer for advanced inhaler techniques

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- 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 Pharmacy
- Member of Welsh Pharmacy Board, RPS
- Michelle Sehrawat (Spouse) –HEIW

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Cheryl Way

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

Robert Davies

- 0.6 wte Practice Pharmacist Prescriber - Healthy Prestatyn Rhuddlan Iach, Betsi Cadwaladr University Health Board
- Occasional Lectures Glyndwr University Wrexham, Independent Prescribing Course
- RPS Wales Board
- MRPSII
- Member Primary Care Pharmacy Association
- Mold Methodist Church, steward, webmaster, Junior Church Leader
- Member Liberal Democrats
- Wife formerly worked for a medical communications agency with clients from the pharmaceutical industry
- Daughter is a GP Registrar in England.

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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.

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Adam Mackridge

- Employed full time by Betsi Cadwaladr University Health Board (part funded by a Clinical Research
- Time Award from the Welsh Assembly Government)
- Receive author royalties from John Wiley and Sons
- Occasional honoraria from various academic institutions for teaching, examination and other academic work
- Member of NHS Wales REC 3
- Member of Wales RPS Board

Jodie Gwenter

- Swansea Bay Health Board, NHS Wales
- British Pharmacological Society
- Honorarium with Swansea School of Health Sciences
- Partner is a pharmacist in Wales

Minutes of the meeting of the **English Pharmacy Board** - Open business

Minutes of the meeting held at 8th October 2020 at 9.30am virtually by ZOOM.

Present

Claire Anderson (Chair)
Sibby Buckle
Sandra Gidley
Thorrin Govind
Tracey Thornley

Martin Astbury (Vice Chair)
David Carter
Brendon Jiang
Mahendra Patel
Andre Yeung
Tracey Thornley

Guests

Sue Kilby
Regan McCahill
Sean Scarbo

Industrial Pharmacists' Forum
BPSA, President (from 9.45am -~11.30am)
BPSA (from 12 noon)

In Attendance

Paul Bennett
Robbie Turner
Ravi Sharma
Gail Fleming
Luigi (Gino) Martini
Heidi Wright
John Lunny
Amandeep Doll
Hanna Jenvey
Joseph Oakley
Corrinne Burns
Yvonne Dennington

Chief Executive
Director for Pharmacy and Member Experience
Director for England
Director of Education and Professional Development
Chief Scientist
Practice and Policy Lead for England
Public Affairs manager
Inclusion and Diversity Co-ordinator
Events Manager and Early Careers Programme Lead
Head of Assessment and Credentialling
Pharmaceutical Journal, RPS correspondent
Business Manager, England

Apologies

Hemant Patel
Ash Soni
Duncan Petty

20/67 Welcome and Introductions

The Chair welcomed all to the meeting and asked people to introduce themselves and to use the chat facility or show the hand symbol if they wished to speak or contribute.

20/68 Apologies

Apologies were received from Hemant Patel, Ash Soni and Duncan Petty.
The Hospital Expert Advisory Group also gave apologies.

20/69 Declaration of Interests

The English Pharmacy Board noted the updated paper 20.10/EPB.03. Board members were reminded to send in any amendments to their declarations to YD 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. Amendments from a number of board members were received in advance of the meeting and the interests have been updated accordingly and replaced on the website.

20/70 Minutes of the meeting held on 24th June 2020

The minutes of the meeting held on 24th June 2020 circulated as paper 20.10/EPB.04 were agreed as an accurate record of proceedings.

20/71 Matters arising not specifically included on the Open Business Agenda

20/51 – Collection of demographic data – This issue was discussed at the National Board Chairs' Forum and a paper will be taken to the November Assembly of the explored options and associated risks and costs of demographic data collection.

20/06 – RPS conference content group – still paused.

19/121 – member webinars ahead of EPB meetings – still paused.

20/72 COVID Response team (CRT) activity and next steps

The English Pharmacy Board noted paper 20.10.EPB.06

The CRT has gone from strength to strength as a team and is now concentrating on the “2nd wave” of the pandemic with lots more work to be carried out on the advocacy front. It is to be noted that the government meetings that took place during the 1st wave are to be reinstated within the next couple of weeks.

There was some discussion on the next steps for the CRT which include:-

- There should be a continued focus on BAME risk assessments in order that the good work that has already been achieved is not lost.
 - Weekly reports are useful but should only be produced if there is news or actions to report on – reports are not required in the weeks where there is little or no activity
 - The wider remit of the group will include activities on Brexit
 - HW has been invited onto a policy group on flu vaccinations and will feed back any intelligence. In addition to this the Science and Research team constantly horizon scan on current activity relating to vaccines. It was highlighted that we should be aware of learnings from other countries, such as Canada. FIP is doing work on this too which the RPS should be aware of. Pharmacists' role in vaccinations and their related patient care role should be highlighted.
 - IPMO – integrating pharmacy with medicines optimisations is another area of work that should not be lost. The work done by the RPS Regional Liaison Pharmacists in 2019 should be revived as this is pertinent to this workstream. This work should be considered as part of the EPB business planning for 2021.
 - Highlighting the pausing of public health services, ie health living pharmacies, prevention, etc and how these should be revived.
 - Need to continue to push for increase the use of electronic repeat prescription across pharmacies and general practice.
- Action 1** – AY to send current figures on ERP to HW
- Visuals during the Prime Minister's address to the Conservative Party Conference mentioned a pharmacist – this should be highlighted to members
 - Homecare pharmacists – this is a significant area to be monitored, more complex patients are being moved into homecare, especially during this COVID period, with an increasing drug budget allocation – RS reported that there is an Aseptic Review taking place. RPS need to be cognisant of the Drug Review in the Public Sector Aug 2020 consultation. RS to follow up with HEAG.
- Action 2** – SK to send contact details of the lead person on Homecare to RS
- Action 3** – RS to follow up with HEAG on the Drug Review in the Public Sector Aug 2020 consultation

It was noted that other topics to be followed by CRT will include Brexit, FMD, Workforce, digital and medicines supply.

The NHS Regional Medicines Optimisation Committees in England have resumed their work with a National Meeting date arranged to reset the priorities for the committees. Information on the meetings will be shared at a future date.

It was highlighted that pharmacy is not involved in the recently convened Cancer Recovery Task Force, although pharmacy has a role to play in cancer recovery. In the contractual framework there is mention of pharmacy being involved in cancer management.

Further work on remote supervision will probably take place in the future when Government is in a position to deal with the legislation required.

The Chair thanked the Board for the useful discussion.

20/73 Inclusion and Diversity

The English Pharmacy Board noted paper 20.10.EPB.07.

AD gave a short recap of the work that has been going on within the I&D workstream. Some of the key themes that are emerging for the RPS are:-

- RPS needs to take more of an advocacy role and hold other organisations to account to think more broadly about inclusion and diversity
- Address the lack of inclusion and diversity in leadership roles. Currently working on a metric to measure this.
- Leaders can do more on authentic leadership – reflecting on their own biases.
- Looking at how we can do more to empower individuals to raise discrimination in a safe way.
- Looking at ways to collect more EDI data.
- Does the RPS need to look at its own membership model to be more inclusive? – eg including technicians.

Action 1: TT offered to put AD in touch with the Boots working group on I&D.

This issue of students and the awarding gap was raised. Currently there are discussions going on between GPhC and the Pharmacy Schools' Council on this issue.

Discussion continued on the terminology used for this workstream with the suggestion that the emphasis should focus on “inclusivity”.

There are plans to review the supporting paperwork for the board elections to ensure the language reflects inclusion and diversity. There will be a focus for the 2021 elections on encouraging all members from all groups to put themselves forward as candidates. The BPSA said they will be interested in the mechanisms we use for RPS elections to replicate in their own elections to encourage a more diverse board.

Undergoing training in recognising bias was raised as something that should be widespread.

Action 2: TT offered to investigate whether the materials that are used in her organisation can be shared.

The next meeting of the ABCD group will take place on 27th October, followed by one in December and 2 monthly thereafter.

The Chair thanked AD for the fantastic work she is doing on I&D.

20/74 Early Careers Pharmacists Programme

HJ gave the board an update saying that the programme had been due to conclude at the end of September but due to the work on the Community Pharmacist Consultation Service (CPCS) the work had come to an abrupt pause. A report on the findings of the programme will be produced in the next few weeks giving board members the opportunity to feed back.

Initiatives that have come from the programme include improved website search, a re-organising of RPS guidance enabling search engines to find guidance more easily, archiving old guidance that is no longer relevant. There is to be a new monthly webinar series led by the education team on the life cycle of medicines. There is also a new careers support hub page.

Testimonials will be displayed on the web page and board members were asked for their help in obtaining these from members.

The programme will now transfer into business as usual.

Action: RS to send link to HJ of the FIP YPG new careers resources.

20/75 Science and Research update

The English Pharmacy Board noted paper 20.10.EPB.09.

LGM gave a short update saying that his team process around 100 pieces of data weekly, which helps inform the work of the various directorates of the Professional Leadership Body. This information is greatly valued by all and it is a function of the Science and Research team that will continue. The team also assist with the construction of surveys and the data analysis.

The Industrial Pharmacists' Forum has now been disbanded and a new Industrial Pharmacists' Advisory Group has been formed and will report into the Science and Research Committee. Recruitment of a chair and members is currently underway and is generating a lot of interest.

Science and Research committee – Christine Bond’s tenure as Chair will expire at the end of the year. The process for the recruitment of a new chair is underway and the advert will be published in the near future.

A vaccine toolkit has been produced by the team with the help of the PJ. The last slide of the 10 slide pdf gives the temperatures at which various vaccines will need to be stored.

The Chair thanked LGM and his team for the work they have been doing. She also thanked Sue Kilby for the work she had done on behalf of the Industrial Pharmacists’ Forum. SK will be a member of the newly formed Industrial Pharmacists’ Advisory Group.

20/76 Education Update

The English Pharmacy Board noted paper 20.10.EPB.10.

GF gave a short update on items not contained in the paper.

- CPCS – 1st training session had gone well on the evening of 5th October – 5 cohorts of 24 pharmacists had undertaken the session – feedback so far has been good. Board members were asked to promote and support the programme. There is a trial offer for the first 4 weeks of receiving a free Medicines Complete on completion of the 2 sessions – this offer will be evaluated with Pharmaceutical Press to assess the impact.
- Education and Standards Committee – Peter Kopleman’s tenure draws to a close at the end of the year – the advert for a new chair will be published on Monday, 12th October.
- Credentialling – a new member of staff has been recruited on a fixed term contract to lead this – starting at the beginning of November.
- Consultant Level Posts – Since the launch of the approval of posts we have received 17 applications – this is a good development – a number of the posts have been in primary care. This is a great increase on the 100 existing posts.
- Consultant pharmacists credentialling – this is on track for end of October. Working closely with the mentorship team, as one of the tenets of the proposed model is to have a mentor. Pharmacists to be encouraged to get on the programme so they are “consultant ready” for when posts become available.
- HEE Interim Foundation programme – current interim programme in train – RPS provided the curriculum along with the e-portfolio platform and a dedicated support desk.
There was some discussion on the uptake of the e-portfolio. Currently about half of the co-hort are using the platform. There will be an evaluation

undertaken of usage to assess how it is being used. It was suggested that we have an opportunity to offer more support to this group between now and Q1 2021 when they will sit their exam.

The Chair thanked GF and her team for the good work that has been undertaken.

20/77 RPS “New Normal”

The English Pharmacy Board noted papers 20.10.EPB.11 (i), (ii) and (iii).

HW gave a short update saying that there have been some policy wins on the policy asks. Paper (ii) sets these out. The team are continuing to progress the policy asks within the document. Discussion continued around the opportunities to work with FIP as they are doing similar work internationally, and it could be beneficial to use their networks and global evidence to support the aims of the RPS.

The RPS Independent Prescribing short life working group has met twice. The team are now at the stage to develop a report and project plan with accompanying briefing papers. An early win to take forward is the development of a peer support group. Work is commencing in this area. There was some discussion on how to bring the legacy workforce up to speed, not leaving them behind, whilst it was recognised that not all pharmacists will want to be prescribers. The issue of DMPs was also raised regarding capacity, funding, matching and time allocation, this is currently the subject of live conversations.

The mental health and wellbeing survey will be closing on 12th October. It is hoped to achieve 1000 respondents which will aid the comparative analysis with last years' survey. The Science and Research team will be conducting the analysis and will share a draft report as soon as possible.

RS summed up by asking if the direction of travel for work in the “new normal” is pitched at the right level and welcomed any comment on this. Board members supported the direction of travel highlighting the need for the RPS to continue to listen and respond to pharmacists and their teams. The RPS needs to continue to lobby Government for the recognition of pharmacists and to get them included as part of the NHS, including full access to the occupational health scheme on offer to NHS workers. Anyone who delivers an NHS contract should be supported.

20/78 Key Messages

The key messages for the pharmaceutical journal are:-

- RPS is committed to the wellbeing of pharmacists and pharmacy teams.

- We are committed to our Governance Boards better reflecting the composition of our members
- RPS is committed to responding to the needs of members and the profession throughout winter and the covid19 pandemic

20/79 Any other business

There was no other business to report.

20/80 Close of meeting

The Chair thanked the visitors for attending and asked them to leave the ZOOM call to allow confidential business to continue. The meeting closed at 12.25pm

20/81 Dates of next meetings

The next English Pharmacy Board meetings will be held on:

3 February 2021

22 June 2021 (induction and working day)

23 June 2021

23 September 2021

Action List English Pharmacy Board - Open business

EPB action list from open minutes of meeting held on 8th October 2020					
20/73 (2)	TT offered to see if the materials (unconscious bias) that are used in her organisation can be shared.	TT/AD	October	Open	Aman following up with TT
EPB action list from open minutes of meeting held on 30 January 2020					
20/06	PME: Events – nominate board member for conference content group	Chair/HJ	Jan/Feb	Paused due to Covid 19	
EPB action list from open minutes of meeting held on 10th October 2019					
19/121	Comms: hold member webinars before EPB meetings to help shape agendas	RS/CA	Jan	Paused due to Covid 19	
CLOSED ITEMS (this will be removed at the next iteration)					
20/73 (1)	I&D - TT offered to put AD in touch with the Boots working group on I&D	TT/AD	October	Closed	
20/72 (1)	CRT- ERP usage AY to send current figures	AY/HW	October	Closed	
20/72 (3)	CRT – Homecare - RS to follow up with HEAG on the Drug Review in	RS/HW	October	Closed	

	the Public Sector Aug 2020 consultation				
20/51	AOB: ID report – investigate the collection of demographic data from the membership	RT	August	Closed	EDI data collection survey will be going out to members the w/c 18 th Jan

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Thursday 8 October 2020, by Zoom.

Present

Mr Brian Addison (BAd)
Mr Ewan Black (EB)
Dr Anne Boyter (ACB)
Mr Jonathan Burton (JB) (Chair)
Miss Tamara Cairney (TC)

Mr Andrew Carruthers (AC)
Mrs Kathleen Cowle (KC)
Alasdair Macintyre (AM)
Dr John McAnaw
Dr Ailsa Power (AP)

In attendance:

Clare Morrison, Director for Scotland, Annamarie McGregor (AMcG), Head of RPS Local (GB) / Interim Practice & Policy Lead, Helen Reilly (HR), Head of External Relations, Carolyn Rattray (CR), Business Manager, Paul Bennett (PB), Chief Executive, Sandra Gidley (SG), RPS President, Robbie Turner (RT) Director of Pharmacy and Member Experience (PMEX), Neal Patel (NP), Head of Corporate Communications, Professor Gino Martini (GM), RPS Chief Scientist, Amandeep Doll,

(AD) Inclusion & Diversity Coordinator, Gail Fleming (GF), Director of Education and Professional Development, Hanna Jenvey, ECP Programme Lead.

20/10/01.	Welcome and introductions The Chair welcomed everyone to the meeting, extending a particular welcome to Clare Morrison the new Director for Scotland. Clare thanked all the BMs for meeting with her over the previous two weeks and noted how much she was looking forward to working with the Board and RPS teams.	
20/10/02.	Apologies Apologies were received from Deborah Stafford (DS). Both John McAnaw and Brian Addison indicated that they might need to leave at various stages for other urgent external meetings.	
20/10/03.	Declarations of interest (20.10/SPB/03) An amendment to the SPB declarations of interest document was received prior to the meeting from Jonathan Burton. CR to update the SPB declarations of interest document. Board members (BM)s were asked to indicate in the 'Chat' any changes (also if there are none). Also, BMs to declare any interests at the beginning of agenda items.	CR BMs BMs
20/10/04.	Minutes of the SPB Formal Business meeting held on Wednesday 24 June 2020 (20.10/SPB/04) The Scottish Pharmacy Board accepted as a true and accurate record the minutes of the formal SPB meeting held on Wednesday 24 June 2020.	

	Proposed by Dr Ailsa Power and seconded by Ewan Black.	
20/10/05.	Actions Log (20.10/SPB/05) Any outstanding actions from the SPB Formal Business meeting held on Wednesday 24 June 2020, to be covered as substantial agenda items.	
20/10/06.	COVID Response Team (CRT) activity and next steps (20.10/SPB/06) Clare Morrison (CM), Director for Scotland, provided an update on CRT activity between June and September. Activities have now broadened to include winter pressures, preparing for a 'second wave', Brexit and the impact of Brexit on medicines supply. Board members were asked: <ol style="list-style-type: none"> 1. Is the weekly report useful and would you like this to continue? 2. We are considering diversifying the remit of the team to include business critical activity. Would the Board want future updates to include business critical activity outside of the COVID programme? <p>It was agreed that the frequency of the report should be flexed depending on how quickly and critically the agenda is moving; a brief weekly summary on new activities and strategic planning would be useful with the day to day activities being reported less frequently. One of the comments received was from a community pharmacist who felt it was useful, informing day to day practice. It was agreed that there should be one stratified report, allowing recipients to receive the information that is relevant to them.</p> <p>The SPB was asked to consider the types of activities that would be relevant to members during a 'second wave'. It was agreed that mental health and wellbeing should be a priority. It was suggested that the RPS in Scotland could partner with Community Pharmacy Scotland (CPS) to have an aligned approach in regards to the pressures of this 'second wave' Clare Morrison (CM) confirmed that the RPS in Scotland team is meeting</p>	

	<p>regularly with CPS to encourage alignment particularly around the 2021 Manifesto. CM to discuss partnership working with Harry McQuillan, CEO, CPS.</p> <p>The SPB was informed that RPS has just closed a mental health and wellbeing (MH&WB) survey, which is now being analysed. There is a significant thread running through the responses, demonstrating that some members are feeling overwhelmed. The RPS sees MH & WB as a priority and is working to support members in this area. Other areas of focus include winter pressures and a second wave; it was agreed that work in this area should be better promoted to ensure that members are aware of the support available to them.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>COVID Response Team (CRT) activity and next steps (20.10/SPB/06).</p> <p>Action: CM to discuss partnership working with Harry McQuillan, CEO, CPS.</p>	CM
20/10/07.	<p>Scottish Pharmacy Board Manifesto 2021 (20.10/SPB/07)</p> <p>A copy of the draft SPB Manifesto 2021 was included in the Board papers; it has been agreed that a brief summary with 'clear asks' should be placed at the beginning of the document. The document will be 'launched' at the end of October in readiness for the return of MSPs after recess. Once published, the next steps will be to implement the associated comms plan; this will include a news story to be sent to the pharmaceutical media. The manifesto will also be sent to all MSPs, with a particular focus on, and engagement with, members of the Health & Sport Committee.</p> <p>CM noted that she has been given sight of the CPS draft manifesto and, although the RPS document is 'broader' (covering all sectors), the two documents align which will be helpful when looking for support from politicians. The Manifesto was received very positively.</p>	

	<p>In response to BM questions, HR confirmed that the information around vaccinations is up to date and has been changed since the papers were sent out. HR to recirculate the latest version of the manifesto.</p> <p>Once the manifesto has been launched, Board members are asked to promote the document to their networks and on social media.</p> <p>To support the manifesto asks, Board members (BMs) were informed of a proposed initiative: <i>The 24 days of pharmacy</i> which is to take place in December. 8 volunteers from the Board are needed, each to present a manifesto 'ask' in a video, the other days will be videos of pharmacist members in their day to day practice and BMs were asked to provide names of members who might be happy to support this work.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>Scottish Pharmacy Board Manifesto 2021 (20.10/SPB/07).</p> <p>Action: Board members to promote the manifesto through social media.</p> <p>Action: Eight BMs to volunteer to promote the <i>24 days of pharmacy</i> initiative via podcasts/videos Each presentation will focus on one Manifesto 'ask'.</p> <p>Action: Board members to work with HR to enlist Scottish pharmacy team members to present videos of the remaining days</p>	<p>BMs</p> <p>BMs</p> <p>BMs</p>
20/10/08.	<p>Early Careers Pharmacist (ECP) Programme</p> <p>Hanna Jenvey (HJ), ECP Programme Coordinator, provided an update on the ECP Programme which started in July and was due to conclude at the end of September. BM have been kept informed of progress through weekly updates and were invited to feedback throughout.</p>	

	<p>The programme was paused just before it was due to finish in order that the deadline for the CPCS project could be met. This has meant that the 'wrap-up' report has yet to be completed but this will be finalised and disseminated before the end of October.</p> <p>The principle outputs from the programme are:</p> <ul style="list-style-type: none">• Improved functionality of the website; to include improving the search bar functionality, rationalising titles of resources to make them easier to find and archiving resources to Box• New series of monthly webinars for members; the webinars will reflect around the life-cycle of medicines, working with key stakeholders to deliver content, e.g. MHRA and NICE. The Education team will lead on this work as it reverts to business as usual.• A careers' support hub with pharmacy specific content• Peer recommendations (testimonials) on the website. <p>A newly designed dashboard will monitor engagement with the new web pages. HJ confirmed that each of the project strands now sit within business as usual teams.</p> <p>There was a discussion about marketing and how the new functionality and enhancements will be promoted to ECPs and also how it will be presented in each country 'to be relateable'.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>Early Careers Pharmacist Programme update.</p>	BMs
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	Action: Board members to assist with sourcing testimonials.	
20/10/09.	<p>Inclusion & Diversity (20.10/SPB/09)</p> <p>Amandeep Doll (AD), Inclusion & Diversity Coordinator, was welcomed to the meeting. BMs were updated on the delivery of the Action in Belonging, Culture & Diversity Group (ABCD). The group is open to all members of the pharmacy family and is inclusive and intersectional; this means that when developing strategy there is always an intersectional view. The group has approximately 250 members and meets every two months by Zoom; at the first meeting, the group was asked to reflect on the three strategic pillars, which are:</p> <ul style="list-style-type: none">• Create a culture of belonging• Champion inclusive and authentic leadership• Challenge inclusion and diversity barriers <p>The RPS is looking at its own data and its findings will be presented to the Assembly.</p> <p>Work is ongoing to make the 2021 NPB elections as accessible as possible to ensure that Board representation is inclusive and diverse. One area that is to be considered is communications with a focus on language that will empower and enable members to stand for election.</p> <p>AD noted that when the workstream was initiated, it was intended to be 'by the profession for the profession' but as it has developed the line of this being for the progression and patient care has 'blurred'. Once gaps have been identified how we can support pharmacists support patients, AD will approach the education team to see how these can be addressed.</p> <p>A discussion followed about how the Boards can dispel the myths around Board activities and encourage a more inclusive and diverse range of candidates to stand for election and</p>	

	<p>ensure balanced representation on the Boards. This could be through various means of communication and social media.</p> <p>It was suggested that challenges could arise between the different groups but these can be addressed in other forums.</p> <p>Board members were asked to pass on details of any inclusion and diversity training packages/information as the RPS is looking to build a bank of resources to support the I & D workstream. BMs were also asked to promote the NPB elections as being inclusive and diverse and to actively encourage members from all backgrounds to stand for election.</p> <p>Action: Board members to pass on to AD, details of any inclusion and diversity training packages that they are aware of.</p> <p>Action: Board members to promote the NPB elections as being inclusive and diverse and to actively encourage members from all backgrounds to stand for election.</p> <p>The Scottish Pharmacy Board</p> <p>supported</p> <p>the Inclusion & Diversity Update (20.10/SPB/09).</p>	
20/06/10.	<p>Science and Research (S & R) (20.10/SPB/10)</p> <p>Prof Gino Martini (GM), Chief Scientist, was welcomed to the meeting. GM provided an update on activities since the S & R report was produced.</p> <p><u>Data analysis.</u></p> <p>The extended S & R Team has been analysing data to inform decisions; this worked well during the first wave of the COVID crisis and continues to be used for this and, also, to</p>	

	<p>inform business critical activities, e.g. the early careers' work stream. A 'truly cross-directorate framework'.</p> <p><u>Industrial Pharmacy Advisory Group (IPAG).</u> This group is to replace the Industrial Pharmacy Forum. The group will support the RPS NPBs on matters affecting Pharmacy and Pharmaceutical Science and will provide expertise on these matters. A Chair and group members are being recruited in readiness for a 2021 launch.</p> <p><u>Science and Research Committee.</u> Christine Bond's term of office as Chair comes to an end in 2020 and so a recruitment process for her replacement is about to start</p> <p><u>Vaccines toolkit.</u> A vaccines toolkit has been developed; the Support team will have access to this resource. It includes a page on temperatures that different vaccines should be stored at. If access is required to this resource, BMs should email Gino.</p> <p><u>Research Pathway.</u> The English CPhO is considering opportunities around the development of a clinical research pathway which would empower pharmacists to complete PhDs. A Committee, led by Prof. Peter Kopelman, has been set up to progress this initiative; it was confirmed that RPS would be involved in its development.</p> <p>The SPB was asked to encourage pharmacists to undertake PhDs and research. Anne Boyter (ACB) noted the challenges that universities face in that a PhD pharmacist is required to supervise a pharmacist undertaking a PhD. Further consideration is required by the universities around a funding strategy to ensure staffing levels and opportunities are available.</p> <p>Action: BMs to promote the opportunities of sitting on the IPAD and S&R Committees and encourage their networks to apply if appropriate.</p>	<p>BMs</p> <p>BMs</p>
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	<p>Action: BMs should email GM if they would like access to the Vaccines Toolkit.</p> <p>Action: GM/ACB to explore opportunities around PhDs and research.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The science and research update (20.10/SPB/10).</p>	GM/ACB
20/10/11	<p>Practice and Policy (P & P) Update</p> <p>Annamarie McGregor (AMcG), Interim Practice & Policy Lead, provided a verbal update on the practice and policy work stream.</p> <p><u>Independent Prescribing (IP) SLWG.</u></p> <p>The group has now held its third and final meeting and a report is being drafted which will be circulated to the three NPBs for information and feedback. Five key areas were identified where services for members should be established; these included:</p> <ul style="list-style-type: none"> • a peer network • Support when members are changing their scope of practice • Support IP pharmacists to become DPPs in the future <p><u>Future of Pharmacy policy.</u></p> <p>The Future of Pharmacy policy was published in July 2020. The Practice and Policy team is raising awareness of RPS activities by focussing comms to reflect: 'you said, we did and you got' The paper is being updated on a regular basis. The document was presented to the Directors of Pharmacy (DoP) Executive; the DoPs provided feedback around making aspects of the policy more Scottish specific; there is potential to work jointly. It was agreed that this should be discussed further at the Business Planning session.</p> <p><u>Mental Health policy.</u></p>	

	<p>This was scheduled to be launched in March but was postponed due to the pandemic. Now that the new Director for Scotland is in post, the document is being revisited and updated. It will be launched (via Webex) on 27 October 2020.</p> <p>It was agreed that the Future of Pharmacy policy document should be used to inform the business planning agenda item.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the practice and policy update.</p>	
20/10/12.	<p>Education and Professional Development Update – Q3 (20.10/SPB/12)</p> <p>Conflicts of interest were noted from: Anne Boyter, Ailsa Power and Brian Addison.</p> <p>Gail Fleming (GF), Director of Education and Professional Development, and Joseph Oakley (JO) provided an update on the work of the Education and Professional Development team, focussing on the activities since the report was circulated.</p> <ul style="list-style-type: none"> • <u>Chairs of Education and Standards Committee(E&SC) and the Science and Research Committee (S&RC)</u>: The tenures of Peter Kopelman, Chair of the E&SC, and Christine Bond, Chair of the S&RC, conclude at the end of 2020. Both posts will be advertised, from Monday 12 October. • <u>Credentialing activity</u>: GF noted the recently published guidance (Scotland) on post-graduate careers which is welcomed by RPS. A new member of staff has been appointed, on a fixed term contract, starting in November, to lead on all aspects of advanced practice. • <u>Consultant Pharmacists</u>: RPS is leading on the implementation of the national guidance which applies across England, Wales and Northern Ireland. the RPS has been approving posts since the launch in March 2020; approximately 20 	

	<p>applications from all sectors have been received (inc. one from Scotland). The RPS consultation around the credentialling of individuals which closed in September, had a tremendous response. As a result of the consultation a few minor changes have been made and it is on track to be launched at the end of October alongside the e-portfolio consultant pharmacist programme. JO noted that he has been working very closely with Susan Roberts (NES) to see how it can work in Scotland. Scotland has been represented on the task and finish group right from the beginning. There is confidence that what has been developed for Scotland is fit for purpose. JO has been conducting a virtual tour of the Scottish health boards to talk to the DoPs and Education Leads about the curriculum and the role of consultant pharmacists. There is consensus that it is not necessary to wait for the Scottish policy; Scottish applicants will be credentialled against the standard even without the policy. There was a discussion about Board involvement in workstreams and how this could work.</p> <p>The Chair thanked GF and JO for the education and professional development update.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the education and professional development update (20.10/SPB/12).</p>	
20/10/13.	<p>Key messages from open business session</p> <ul style="list-style-type: none"> • Manifesto • Inclusion and diversity around the elections • Consultant pharmacists • Launch of the mental health policy - 27 October 2020 	
20/10/14.	Any other competent business	

	<p><u>Proposal for change in SPB meetings' structure (20.10/SPB/14).</u></p> <p>It was agreed that it wouldn't be possible to please everyone and so will need to be flexible, learning from the experience (a test period) as we move through the meetings calendar. It was suggested that having more virtual meetings might help with the recruitment of BMs who previously might not have put themselves forward at elections because of the travel implications. The general feeling was that there should be more frequent and shorter meetings (more agile)</p> <p>RT noted that the RPS will support the Boards to work in the most efficient way for them but urged caution around flexibility and changing the format and times of meetings as, ultimately, it might prove to be less flexible. It was agreed that further consideration is required. CM to lead from an organisational perspective to see how it could work and develop a proposal – a collegiate approach and then consider a calendar for meetings. Consideration to be given to other forms of communications, to be more agile, e.g. Whatsapp.</p> <p>Action: CM/JB to draft and present a concrete proposal (mixed model with more remote meetings).</p> <p>The Scottish Pharmacy Board</p> <p>supported in principle</p> <p>the proposals for change in the structure of SPB meetings.</p>	JB/CM
20/10/04C.	<p>Pharmacy and Member Experience (P&ME) (20.10/SPB/04C)</p> <p>Robbie Turner (RT), Director for P&ME and Neal Patel (NP), Head of Corporate Communications, provided updates on the P&ME workstreams, covering areas such as membership (retention and recruitment), various membership campaigns and member engagement.</p>	

	<p>The Chair asked about making the membership resources more easily searchable and also making them more regionally focussed. The Scotland landing page needs to be updated; resources could be incorporated into the update so that they are clearly visible. Scotland team to work with the web team on this. Also, there are plans to offer customised and segmented communications to make them relevant individual members. Another way to 'elevate the resources' is to invite members to tell us how they use the resources in their practice. JB suggested that the PJ is included in this.</p> <p>Andrew Carruthers (AC) is to participate in the upcoming CPCS course; he noted that it would have been an opportunity to have an additional slide at the end promoting the benefits of RPS membership. It was confirmed that the second CPCS workshop slides do have some information but a balance has to be struck as the priority is the delivery of the course.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The pharmacy and Member Experience update (20.10/SPB/04C).</p> <p>Action: Scottish team and web team to work together to update the Scottish landing page, ensuring that member resources pertinent to Scotland are clearly visible.</p>	Scot/Web teams
20/10/05C.	<p>Business Planning 2020/2021 (20.10/SPB05C)</p> <p>Paul Bennett (PB), Chief Executive, provided a brief presentation on the plans for the 2021 - 2026 RPS strategy; the strategy will be signed off at the March 2021 RPS Assembly. PB's presentation set the context for the SPB business planning session. CR to circulate the presentation to BMs.</p>	

	<p>CM explained the thinking behind the business plan; the intention is to have one over-arching plan for all three countries; the key aims and priority areas will be the same for all but the core activities will be shared between the countries to allow for country specific activities to take place. A skeleton draft plan (driver diagram) with the key aims and priority areas included was presented to the board to encourage discussion around the core activities required to achieve the key aims. BMs agreed the key aims and priority areas.</p> <p>After the NPB meetings, the three country directors will meet to agree both GB and country specific activities. Going forward, reporting will be to the one-page summary but a more detailed plan will sit behind the summary. Board members will be invited to be sponsors of workstreams.</p> <p>A comprehensive discussion took place with activities recorded on the draft plan. CM to complete the plan taking into account the discussions that took place. The revised plan will be circulated to BMs for further comment and feedback.</p> <p>Action: CR to circulate PB's strategy presentation to the SPB Action: CM to complete the first draft and to circulate to BMs for comments and feedback.</p> <p>The Scottish Pharmacy Board</p> <p>agreed</p> <p>The initial draft business plan.</p>	<p>CR CM</p>
20/10/06C.	<p>Introduction and Update from the RPS Treasurer</p> <p>The Chair welcomed and introduced Andre Yeung (RPS Treasurer) to the meeting. Andre provided a financial update as the newly appointed RPS Treasurer; AY also provided an oversight of the work in which he is involved.</p>	

	<p>Going forward, the NPBs will be provided with a dashboard with all the key metrics noted clearly in one place. The dashboard is being developed and will come to fruition over the coming months. AY will share some visuals with the NPBs as soon as it is finalised. The dashboard will provide for better visibility, better governance and better control for the business.</p> <p>The RPS Treasurer was thanked for his update.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>The RPS Treasurer's introduction and verbal update.</p> <p>Action: Chair to invite the RPS Treasurer to the next SPB meeting to report on finances and also development of the dashboard.</p>	Chair
20/10/07C	<p>Education and Professional Development</p> <p>Gail Fleming, Director of Education & Professional Development, gave a brief update on the development and progress of the Foundation Training workstream.</p> <p>A couple of webinars have been held to keep board members informed regarding the fast-paced Foundation agenda.</p> <p>GF confirmed that the GPhC has now implemented a more robust governance process with seven GB workstreams reporting into an Initial Education and Training Standards Advisory Group (first meeting will take place before the end of October). The RPS is represented on all seven workstreams CM confirmed that she has been invited to sit on a Scottish specific workstream (there is also a Welsh workstream). The country specific workstreams also report directly to the Advisory Group.</p> <ul style="list-style-type: none"> • Learning outcomes 	

	<ul style="list-style-type: none"> • Year 5 • Independent Prescribing • Post-registration • Funding • Selection and Admissions • Equality, Diversity & Inclusion <p>It was confirmed that the RPS role will be complementary. The RPS has no ambitions to be an education provider looking, instead, to develop the curriculum and assessment with the education providers working with the education commissioners to design different models in different countries. Further discussions will take place within the seven workstreams over the coming months.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Education and professional development update around the development of the Foundation agenda.</p>	
20/10/08C	<p>National Board Chairs' Forum – points to discuss (20.10/SPB08C) (i), (ii) and (iii)</p> <p>Robbie Turner (RT), Director of Pharmacy and Member Experience and Sandra Gidley (SG), RPS President, provided context to matters considered at the NBCF. As a result, the NPBs were being asked to consider three questions:</p> <p><u>RPS National Board meetings – Open Business.</u></p> <p>This matter was considered at the NBCF on 26 August where it was referred to the NPBs for their view. Board members were asked if they were in agreement to invite members to open business proceedings in the interest of engagement and transparency.</p> <p>The Scottish Pharmacy Board</p>	I

	<p>agreed in principle</p> <p>to promote the Open Business session of Board meetings to RPS members. There was a discussion around whether numbers should be managed to ensure a positive experience so that those attending can be engaged with before, during and after the meeting.</p> <p>SG provided feedback from the EPB and WPB who had considered this matter earlier in the day.</p> <p>All three NPBs agreed in principle to having members attend as observers. SG confirmed that this matter would revert to the NBCF for a final decision.</p> <p><u>Recording of meetings.</u></p> <p>The Scottish Pharmacy Board discussed matters concerning Board record keeping.</p> <p><u>NPB Elections 2021 – board member pledge.</u></p> <p>This is linked to the Inclusion and Diversity strategy regarding encouraging and engaging with as many members as possible encouraging them to stand for election, especially in a year when there are so many places to be filled. JB / CM to draft a proposal to be considered by all the NPBs.</p> <p>.</p> <p>Action: JB/CM to draft a proposal for consideration by the NBCF who will then take back to the NPBs.</p> <p>The Scottish Pharmacy Board</p> <p>agreed in principle</p> <p>To promoting the RPS NPB 2021 elections and the Board member pledge as described by JB. from all backgrounds to stand for election.</p>	<p>JB/CM</p>
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	<p><u>Education and Standards (E&S)/Science and Research (S&R) Committees – Board representation.</u></p> <p>The E&S and S&R Committees replaced the Education and Science and Research Boards and, whereas, the terms of reference for the Boards stated that there would be BM representation from each of the countries on each of the Boards, this was not replicated in the terms of reference for the replacement committees, i.e. there is only representation from one Board member to cover the three countries on each of the committees. It was noted that the President can attend these committees in an ex-officio capacity. Board members were asked for their views as to how they should be represented on the committees. PB confirmed that the Committees are different to the Education and Science & Research Boards in that their focus is technical and advisory to the 'function' and is not a governance body. RT confirmed that these are GB committees.</p> <p>The Scottish Pharmacy Board</p> <p>Supported</p> <p>The status quo, i.e., that there should be one BM representative from all three countries on each of the committees.</p>	
20/10/09C	<p>Any other confidential business</p> <p>There was no other confidential business to consider.</p>	
	<p>The Zoom meeting ended at 17:00.</p>	

SPB FORMAL BUSINESS MEETING – 8 October 2020 – Action Points

Board Members:

Mr Brian Addison (BAd)	Mr Andrew Carruthers (AC)
Mr Ewan Black (EB)	Mrs Kathleen Cowle (KC)
Dr Anne Boyter (ACB)	Alasdair Macintyre (AM)
Mr Jonathan Burton (JB) (Chair)	Dr John McAnaw
Miss Tamara Cairney (TC) (Afternoon)	Dr Ailsa Power (AP)

In attendance:

Clare Morrison, Director for Scotland, Annamarie McGregor (AMcG), Head of RPS Local (GB) / Interim Practice & Policy Lead, Helen Reilly (HR), Head of External Relations, Carolyn Rattray (CR), Business Manager, Paul Bennett (PB), Chief Executive, Sandra Gidley (SG), RPS President, Robbie Turner (RT) Director of Pharmacy and Member Experience (PMEX), Neal Patel (NP), Head of Corporate Communications, Professor Gino Martini, RPS Chief Scientist, Amandeep Doll, (AD) Inclusion & Diversity Coordinator, Gail Fleming (GF), Director of Education and Professional Development, Hanna Jenvey, ECP Programme Lead.

Apologies:

Deborah Stafford.

Item No:	Item	Who	By when	Open/Closed
20/10/03.	Declarations of interest			

	<ul style="list-style-type: none"> Amendments to declarations of interest were received prior to the meeting from Jonathan Burton. CR to update the SPB declarations of interest document Board members (BMs) were asked to indicate in the 'Chat' any changes (also if there are none) BMs to declare any interests at the beginning of agenda items 	CR BM BM	08/10/2020 08/10/2020 08/10/2020	Closed Closed Closed
20/10/06.	COVID Response Team (CRT) activity and next steps <ul style="list-style-type: none"> CM to discuss partnership working with Harry McQuillan, CEO, CPS. 	CM	Ongoing	Closed
20/10/07.	Scottish Pharmacy Board Manifesto 2021 (20.10/SPB/07) <ul style="list-style-type: none"> HR to recirculate the latest version of the manifesto. Board members to promote the manifesto through social media. Eight BMs to volunteer to promote the <i>24 days of pharmacy</i> initiative via podcasts/videos Each presentation will focus on one Manifesto 'ask'. Board members to work with HR to enlist Scottish pharmacy team members to present videos of the remaining days 	HR BM s BM s BM s	09/10/2020 October 31/10/2020 31/10/2020	Closed Open Closed Open
20/10/08.	Early Careers Pharmacist (ECP) Programme <ul style="list-style-type: none"> Board members to assist with sourcing testimonials. 	BM s	25/10/2020	Closed
20/10/09.	Inclusion & Diversity (20.10/SPB/09) <ul style="list-style-type: none"> Board members to pass on to AD, details of any inclusion and diversity training packages that they are aware of. Board members to promote the NPB elections as being inclusive and diverse and to actively encourage members from all backgrounds to stand for election. 	BM s BM s	31/10/2020 Ongoing	Open Open
20/10/10.	Science and Research (S & R) (20.10/SPB/10)	BM s	October	Open

	<ul style="list-style-type: none"> BMs to promote the opportunities of sitting on the IPAD and S&R Committees and encourage their networks to apply if appropriate. BMs should email GM if they would like access to the Vaccines Toolkit. GM/ACB to explore opportunities around PhDs and research. 	BMs GM/ACB	October October	Open Open
20/10/14.	Any other competent business <u>Structure of Board meetings (20.10/SPB/14).</u> <ul style="list-style-type: none"> CM/JB to draft and present a concrete proposal (mixed model with more remote meetings). 	CM/JB	October	Closed
20/10/04.C	Pharmacy & Member experience (P & ME) update (20.10/SPB/04C) <ul style="list-style-type: none"> Scottish team and web team to work together to update the Scottish landing page, ensuring that member resources pertinent to Scotland are clearly visible. To be led by HR. 	Scot & Web teams	Ongoing	Open
20/10/05C	Business planning <ul style="list-style-type: none"> CR to circulate PB's strategy presentation to the SPB. CM to complete the first draft and to circulate to BMs for comments and feedback. 	CR CM	10/10/2020 31/10/2020	Closed Closed
20/10/06C	Introduction and Update from the RPS Treasurer <ul style="list-style-type: none"> Chair to invite the RPS Treasurer to the next SPB meeting to report on finances and also development of the dashboard. 	JB	31/10/2020	Open
20/10/08C	National Board Chairs' Forum – points to discuss (20.10/SPB08C) <u>NPB Elections 2021 – board member pledge.</u>	JB/CM	23/10/2020	Open

	JB/CM to draft a proposal for consideration by the NBCF who will then take back to the NPBs.			
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ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board meeting 8 October 2020

21.02.WPB.05
OPEN BUSINESS

This meeting was held virtually by using ZOOM.

Minutes of the Welsh Pharmacy Board Open Business Meeting Thursday 8 October 2020.

Present

Suzanne Scott Thomas (SST), Cheryl Way (ChW), Paul Harris (PH), Rob Davies (RD), Richard Evans (RE), Adam Mackridge (AM), Ruth Mitchell (RM), Jodie Gwenter (JG), Dylan Jones (DJ), Sudhir Sehrawat (SS).

In Attendance

Elen Jones (EJ), Director Wales, Cath Ward (CW), Business Manager, Jonathan Lloyd Jones (JLJ), Policy and Engagement Lead, Iwan Hughes (IH), Public Affairs and Policy Executive, Gail Fleming, Director for Education and Professional Development (GF) item 10 only. Joseph Oakley, Head of Assessment and Credentialing (JO) item 10 only, Hanna Jenvey (HJ) Events and Sponsorship Manager item 7 only, Amandeep Doll (AD), Inclusion and Diversity co-ordinator item 8 only, Gino Martini (GM), Chief Scientist item 9 only.

Apologies

Jamie Hayes

Item no	
1,2,3.	Welcome The Chair welcomed everyone to the open business of the Welsh Pharmacy Board meeting. The board noted that as this meeting was being held via zoom, to use the chat box function or raise their hand to speak.

	<p>To note apologies Apologies were received from Jamie Hayes and it was noted that Adam Mackridge would need to leave the meeting between 14.30 – 15.30 to attend another meeting.</p>
<p>WPB.08 .10.01</p>	<p>Declarations of Interest -To note declarations of interest (either standing interests or interests specific to this meeting) The Chair reminded the board to notify the Business Manager CW of any changes in their declarations of interest.</p>
<p>4,5. WPB.08 .10.02</p>	<p>Minutes of open business meeting – 24.06.20 The Welsh Pharmacy Board formally approved the minutes of the open business meeting held on 24 June 2020 as a true record of the proceedings.</p> <p>Matters Arising from the open business meeting held on 24.06.20</p> <p>Action 1 – Team to provide metrics around media and social media - Business manager will progress this.</p> <p>Action 2– GM discuss a regular column on pharmacy with Times – Completed</p> <p>Action 3 – AD to establish KPI's to report progress on the I&D strategy to National Boards – Agenda item</p> <p>Action - 4 Invite Catherine Walker, Museum Officer to a future WPB meeting - Completed</p> <p>Action 5 – An item was raised about whether a pharmacist can be a Designated Medical Practitioner and how can the profession further support pharmacists – work has been completed within the Independent Prescribing workstream</p>
<p>6. WPB.08 .10.03</p>	<p>COVID Response Team activity and next steps The board noted paper WPB.08.10.03 which provided an update on COVID 19 work since the last board meeting in June which covered CRT activity review and “RPS Response Team” function.</p>

	<p>WPB discussed whether the weekly updates from the Director's during COVID were useful and if they would like the format to continue. EJ explained that the COVID Response Team comprised members from across the directorate and she felt that the Friday update did not always give justice to the team as it doesn't cover all the work.</p> <p>A further discussion was held, and WPB expressed that the updates were useful, and they didn't want to put the team under an extra burden to provide additional information. However, the board agreed if any other critical business activity could be added as headlines/top lines that would be useful.</p> <p>It was noted that other topics to be discussed at by CRT will include Brexit, FMD, Workforce, digital and medicines supply.</p>
<p>7. Verbal update</p>	<p>Early Careers Pharmacist Programme</p> <p>HJ Events and Sponsorship Manager was welcomed to the meeting to provide a verbal update of the Early Careers Pharmacists programme (ECP)</p> <p>HJ explained that the ECP started in July 2020 and was due to come to an end in September 2020. Unfortunately, with one week left there was a need to pause the programme due to staffing resources which needed to be directed at the CPCS . A report will be issued to the board with an overview of the ECP and board will have the opportunity to feedback overall. The Early Careers work has now been subsumed back to business as usual.</p> <p>The board welcomed the opportunity to provide feedback on the report when produced and noted the key progress of the programme:</p> <ul style="list-style-type: none"> - The work was influenced by focus group and surveys - The website functionality has been improved and the members resources a-z has been much improved - Resources have been archived and the team are looking at improving search bar functionality - New webinar series – working with NICE MHRA members only - New Career support hub – sector specific - Don't want to hear from us, RPS members want to hear from other members in practice
<p>8. WPB.08</p>	<p>Inclusion and Diversity</p> <p>AD- Inclusion and Diversity Officer was welcomed to the meeting to provide the WPB with an update on the</p>

<p>.10.05</p>	<p>current activity of I&D work in RPS.</p> <ul style="list-style-type: none"> - AD explained that the Wales Team engaged on weekly basis. Support has been gained from several key stakeholders in Wales and an approach to taking this forward is being discussed through the Welsh Pharmacy Partnership Group. A co-badged statement will be available in the next couple of weeks. <p>Action in Belonging Culture and Diversity (ABCD) group</p> <ul style="list-style-type: none"> - The ABCD group has been launched and the first meeting was held at the end of August – 150 members 60 women – 60 BAME - Key – RPS more advocacy role – fitness to practice exams - Lack of diversity within pharmacy leadership, the group are looking at how do we empower people. Group open to everyone – should we look at RPS products <p>The WPB discussed the event scheduled on 21st October - “Discussing the differential experiences of black pharmacists and where to get support. The event is part of the celebrations of Black History Month, hosted by RPS Aneurin Bevan alongside the UKBPA. The evening aims to highlight and discuss some of the issues faced by black pharmacists daily, as well as champion the contribution they're making to our profession. Board to continue to promote the event.</p> <p>The board discussed their part in the upcoming elections and agreed that more work needs to be done in Wales and that as a board they will be promoting pharmacists from all groups and backgrounds to stand. There are plans to review the supporting paperwork for the upcoming board elections on encouraging all members to put themselves forward as candidates to encourage a more diverse board.</p> <p>The board also agreed I&D needs to be weaved into all of our business planning priorities.</p>
<p>9. WPB.08 .10.06</p>	<p>Science and Research Update</p> <p>The Chair welcomed GM the Chief Scientist to the meeting to discuss the current and future work of the Science and Research team.</p>

	<p>The board noted that the Science and Research Team have continued to function as the organisations' I&R team as part of the COVID response team (CRT). A weekly report, based on thematically analysed data, continues to be produced by the team.</p> <p>Each week, an average of 100 pieces of intelligence have been collated, informing the delivery and prioritisation of all CRT-related activities. It is important to note this workstream has been streamlined, with a focus on proactive and action-focused activities in order to allow the team to focus on other activities/priorities.</p> <p>GM advised that the recruitment for the chair and members of new Industrial Pharmacy Advisory Group (IPAG) which replaces the Industrial Pharmacy Forum in 2021 is underway. The group will support the RPS national boards on matters affecting Industrial Pharmacy and provide expertise to respond to emerging issues.</p> <p>A vaccine toolkit has been produced by the team with the help of the PJ, which gives the temperatures at which various vaccines will need to be stored</p> <p>EJ thanked GM and the team for their ongoing commitment to RSIG and supporting science and research in Wales</p> <p>Action 1 – Send the relevant slide from the vaccine toolkit to the board</p>
<p>10.</p> <p>WPB.08</p> <p>.10.07</p>	<p>RPS New Normal</p> <p>An update on the key themes of the RPS Normal were discussed as follows:</p> <p>Independent prescribing – short life working group</p> <p>The RPS Independent Prescribing short life working group has met three times. The team are now at the stage of developing a report and project plan with accompanying briefing papers. This will be shared with the board.</p> <p>One of the key themes identified to take forward is the development of a peer support group for independent prescribers from all sectors and backgrounds. We are exploring the possibility of quarterly online events for peer discussion and review of good practice/clinics.</p>

<p>WPB.08 .10.08</p>	<p>We are committed to promoting good practice and the use of prescribing services by pharmacists using case studies, blogs and social media. Important to promote to members and wider stakeholders such as government. If you are aware of any good practice, please let JLJ know.</p> <p>RPS will also be looking at a way of supporting independent prescribers to extend their scope of practice and record activities contributing to maintain competence in their current scope. JLJ will be discussing with colleagues in HEIW to ensure that it dovetails with their work, colleagues in England and Scotland also engaging with counterparts.</p> <p>The issue of Designated Medical Prescriber (DMP's) was also raised regarding what their role might be and this needs to be explored further.</p> <p>Taking a Multi-Disciplinary Team (MDT) approach is key. However, we may have a role encouraging more Pharmacy Independent Prescriber's (PIPs) to become Designated Prescribing Practitioner's (DPPs) by promoting the RPS framework</p> <p>In the long term there was an appetite to explore whether prescribing status could be achieved via a competency-based path using the framework for IPs, although this may be affected by initial education reforms.</p> <p>Action 2 – WPB to let JLJ know of any good practice and the use of prescribing services by pharmacists</p> <p>Manifesto</p> <p>The board noted the updated manifesto and EJ explained that the Summer of 2020 presented the opportunity to review the manifesto considering the learnings from the COVID-19 pandemic. During the pandemic a number of critical issues for pharmacy practice were brought into play ie the reliance on digital communication and digital technologies, the need for mental health and wellbeing support for the pharmacy profession, and the need for pharmacists to be permitted to take responsibility for managing medicines shortages.</p> <p>The manifesto was also taken to the WPP and comments received were well received and included in the</p>
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<p>WPB.08 .10.09</p>	<p>revised version.</p> <p>Next steps</p> <ul style="list-style-type: none"> • Agreement of the WPB to the revised calls to action • Completion of the manifesto to a professional standard including updates to the manifesto website landing page • Promote the manifesto widely to the political parties (politicians and official staff responsible for the manifesto development) • Create opportunities for further engagement between RPS staff and Board Members with politicians i.e. social media campaign to pledge to support pharmacy in Wales • Create opportunities for RPS Members to engage with politicians at a local level to promote the RPS calls to action
<p>WPB.08 .10.10</p>	<p>Action 3 Team with support from board members to create a local event</p> <p>Mental health and wellbeing</p> <p>EJ advised that the Mental health and well-being survey was due to close and that so far over 900 responses had been received. The board will be able to have sight of the early analysis. The full report will be published early/mid November and the aim will be to lobby ministers before the Government is in recess.</p> <p>EJ and IH also update the board on the wider scope of issue around the Proposed withdrawal of Priadel® - RPS in conjunction with professional bodies and patients' groups wrote to Matt Hancock to express concerns at the proposed withdrawal of Priadel® and the increase in price of Camcolit® by Essential Pharma. We stated that the developments would increase cost to the NHS, add pressure on already over-stretched primary and secondary care services, and most importantly potentially compromise patient safety. Following that joint letter, Essential Pharma have re entered talks with the government. This is also being investigated by the Competition a Markets Authority. WPB noted this a an excellent result for the RPS.</p>

	<p>Progress against Policy Asks update paper for noting</p> <p>The board noted the progress in paper WPB.08.10.10</p>
<p>10. WPB.08.10.11</p>	<p>The Welsh Pharmacy Board note the paper WPB.08.10.11</p> <p>GF gave a short update on the following not included in the paper:</p> <p>Foundation Training</p> <p>Following the input from the WPB in recent webinars the GPhC have now put a more robust governance process in place with 7 workstreams reporting into the advisory group. RPS are being represented on all groups: -</p> <ul style="list-style-type: none"> Learning outcomes Year 5 Independent Prescribing Post-registration Funding Admissions Equality, Diversity & Inclusion <p>WPB comments</p> <ul style="list-style-type: none"> - This is progressing and changing and good that there are RPS reps on all 7 groups - The webinars proved a really good way of getting issues sorted at pace and change with education reform - Working closely with GPhC - Different group we will get a good picture
<p>11.</p>	<p>Key messages</p> <p>The Welsh Pharmacy Board to agree key messages from the meeting for pharmacy press</p> <ul style="list-style-type: none"> - Lithium Work Priadel®

	<ul style="list-style-type: none"> - I&D event in October look at the wider agendas what it means for Wales - Work on Mental Health welcome the policy - Media work all thanked RE and his welsh language contributions together with Elen and team
Noting	<p>Dates for WPB meetings 2021</p> <p>Board meeting - 3 February 2021 Induction and working day – 22 June 2021 Board meeting 23 June 2021 Board meeting 23 September 2021</p>

ACTION LIST - Welsh Pharmacy Board Meeting 8 October 2020 OPEN BUSINESS

Action	By whom	Outcome
Action 1 – Send the relevant slide from the vaccine toolkit to the board	CW	Completed
Action 2 – WPB to let JLJ know of any good practice and the use of prescribing services by pharmacists	WPB	Completed
Action 3 Team with support from board members to create a local event	All	Ongoing
Key messages <ul style="list-style-type: none"> - Lithium Work Priadel® - I&D event in October look at the wider agendas what it means for Wales - Work on Mental Health welcome the policy - Media work all thanked RE and his welsh language contributions together with Elen and team 		Completed

National Pharmacy Board meeting – 3 February 2021

Title of item	COVID Response Team Report
Author of paper	Elen Jones
Position in organisation	Director for Wales
Telephone	
E-mail	Elen.Jones@rharms.com
Item to be led at the meeting by	Elen Jones
Headline summary of paper	To update the boards on the activity of the COVID response team and to discuss key issues to inform the work and focus of the team's activity.
Purpose of item (decision / discussion)	Discussion
For consideration	The board are asked to consider the questions in this document.
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.

COVID Response Team (CRT)

Questions for consideration:

1. What activities / work undertaken by the CRT do you think has been most beneficial for you and your peers and are there any current gaps in provision that you've identified to benefit your areas of practice going forward?
2. We have undertaken significant work on vaccinations; monitoring the progress of research and development work, reviewing the most current guidance and supporting or challenging decisions on roll out - The CRT will support pharmacists from all sectors in this mass roll out. Are there any current concerns board members would like CRT to focus on?
3. Long COVID is increasingly being highlighted as a priority. Do you have any insight you can share on how this is affecting your teams or your patients?
4. What are 3 the most important COVID priorities moving forward?

What we are looking to achieve.

We would value discussion and decision based on questions above to help us prioritise and plan as much as possible, taking into consideration the natural reactive and fast pace nature of this work.

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.

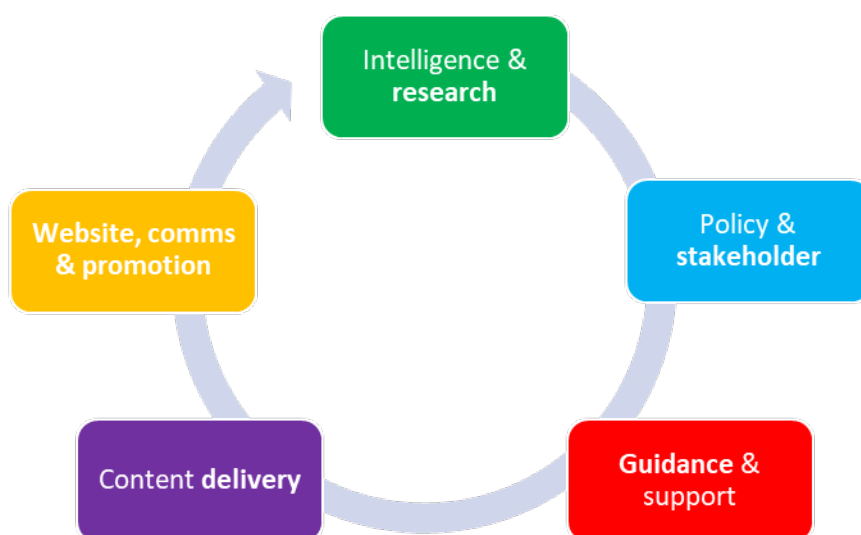
- Advocate on behalf of the pharmacy profession regarding policy and legislation relating to COVID-19.

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 within CRT



Since the last board meeting, we have introduced 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 new element to our insight of COVID activity is shared weekly with CRT in the form of a dashboard.

COVID-19 Key Activity and Outputs for 2020

Intelligence and Research

- Collected, coded and thematically analysed over **9000 pieces of intelligence** between March and October 2020.
- Produced over **60 Intelligence and Research reports** in 2020. daily reports in March, moving to weekly reports and then weekly bulletins.
- Conducted **3 membership surveys** related to the pandemic (2x risk assessment + mental health and wellbeing) and support with the design and analysis of an additional survey looking at the future of pharmacy/new normal in the context of COVID.
- The Chief Scientist at RPS recorded 15 Pharmacy Scientist podcasts relating to COVID, interviewing experts in the field, with a cumulative total of well over 2500 listens.
- Evidence-based information summaries to inform policy & guidance outputs e.g.:
 - Use of chloroquine and hydroxychloroquine for covid-19 treatment.
 - Covid-19 testing methods and their reliability.
 - Current availability/shortage of end-of-life medicines.
 - Personal protective equipment.
 - Surface survival of SARS-CoV-2 and potential implications on handling of medicines.
 - COVID vaccine information and summaries of progress.
- Chief Scientist also dealt with many science media related enquiries (some examples below) on COVID 19 more recently with the New York Times and a thought piece on the Role of Pharmacy published in Open Access Government Journal.
- COVID-19 and ibuprofen and other NSAIDs (The Pharmacist).
- Symptoms related to COVID-19 (The Daily Mail-Good Health).
- COVID-19 comment on risks in daily life (The Daily Mail).
- Drug shortages in general & shortages of trial drugs against COVID-19 (Mail Online).

- The use of Remdesivir in the UK through EAMS for treating selected patients with COVID-19 (SMC).
- The potential repurposing of chlorpromazine to help treat patients with COVID-19 (Sunday Mirror).
- The use of sleeping pills during the pandemic (Guardian).
- Potential of re-using medicines policy in care homes (PJ).
- Coronavirus Q&A on antibiotics and hay fever (The Daily Mail).

Policy & Stakeholder

Policy

- COVID policy with 8 key asks was developed within a week of the first lockdown, to spearhead our lobbying work for members.
- Subsequent policy / position statements on key issues were developed eg Pharmacy's role in vaccination, mental health and wellbeing.
- We held a Summit on future of pharmacy: the new normal, bringing together all pharmacy groups.
- Member engagement / surveys to inform policy - The future of pharmacy in a sustainable NHS.
- Our [statement on the change in COVID19 vaccine dosing interval](#) was written and published. Additional references to support our stance was added this evening following an update from [WHO](#).
- We welcomed the approval of the vaccinations by the MHRA, most recent Moderna vaccine, statement can be accessed [here](#) and PJ article [here](#).
- We issued a statement to express our full confidence in the MHRA vaccine approval process. It can be found [here](#).
- The science and policy teams are constantly reviewing the latest evidence to ensure our positions are evidence based.

Stakeholder activity

- Extensive and regular stakeholder engagement, including;
 - Governments in England, Scotland and Wales.
 - Contractor organisations.
 - GPhC.
 - Royal colleges.
 - Patient groups.
 - Employers and superintendent pharmacists.
- Significant stakeholder engagement across the three nations regarding vaccine roll-out.
- Discussions with MHRA to help aid vaccination roll out.
- Letters to the Prime Minister, pharmacy minister, Secretary of State for Health, Parliamentary Under-Secretary of State for COVID-19 Vaccine Deployment, devolved health ministers as well as written and oral evidence to health scrutiny committees across the 3 GB parliaments to highlight and recognise the value of pharmacists and their teams including ensuring pharmacists were included as key workers.

Lobbying

- Input and influence GB wide PPE guidance and ensured sufficient supply to pharmacy.
- Lobbied Government's ensuring pharmacy teams were prioritised to receive COVID testing & vaccination.
- Extensive work to tackle abuse in pharmacy settings; clarification of inclusion of pharmacists in Emergency Worker Act and worked with Police forces across GB.
- Calling for;
 - Recognition of the profession as NHS key workers.
 - Inclusion in death in service benefit.
 - Parity of access to NHS funded mental health and wellbeing services in every GB country.
 - Access to priority shopping in supermarkets Government is currently reviewing legalisation to provide pharmacists greater autonomy to manage supply chain.

- Ensuring culturally competent and evidence-based risk assessments for pharmacy teams were mandatory to help protect them against COVID-19.

Guidance & Support

Members 1 to 1 support

- 3500 members were helped this year, about **400** (11%) with COVID-19 queries enabling them to deliver COVID secure pharmacy services, protect pharmacy teams & provide advice for vulnerable patients.

Engaging our members by phone and email in 2020

- We've engaged on a one to one basis with 5258 members in 2020 with around 13% of these engagements linked to COVID-19 queries. Enquiry themes have varied across 2020, ranging from packaging down paracetamol, continuity planning, and ethical dilemmas earlier in the year when over-the-counter supplies were low to more recent enquiries from members about various aspects of COVID-19 vaccination, and from provisional registrants around registration assessments.

Supporting our members with COVID-19 guidance and pharmacy alerts in 2020

- We published 136 pharmacy alerts on our website in 2020. Key pharmacy alerts are also emailed to members who have opted into the service through our newsletters or direct emails. 32% (43) of our pharmacy alerts in 2020 were around COVID-19.
- Throughout 2020, we have engaged with our members and prospective members through our web-based guidance and resources for COVID-19. In 2020, our coronavirus resources landing page was visited by 87,231 unique visitors. If repeated website visits are counted this rises to 114,822 visitors. The landing page <https://www.rpharms.com/coronavirus> has served as a gateway to practical guidance for pharmacists and their teams, clinical information, our COVID-19 events, our videos, webinars and podcasts, our COVID vaccines information, pharmacy posters and letters, ethical dilemma guidance, wellbeing resources, and more.
- The COVID pages are continually updated in response to member enquiries, and national developments. Recent additions have covered the following topics :
 - **Lateral flow devices (LFD)** – includes information on what they are, how they work, how they are being used as part of screening programme for

testing asymptomatic people. This also signposts to a key government blog and also government information on how LFDs are being used in the Community Testing Programme and how to set up and operate testing sites.

- **Long COVID** – includes information on what it is, symptoms, who and how it affects people, prognosis, impact on people affected, referral criteria and pathways and signposting to further useful resources. It also refers to the NICE and SIGN guidelines available on persistent effects of COVID-19 (Long COVID) on patients published in December 2020. There is also practical information on how pharmacy teams can support people exhibiting symptoms of Long COVID.
- **Corticosteroids** – includes information on the use of dexamethasone and hydrocortisone to treat people with suspected or confirmed severe or critical COVID-19 (according to WHO Criteria) - e.g. in patients requiring oxygen and ventilation. Information includes use, settings of use and signposting to useful resources such as the [NICE guidelines COVID-19 prescribing briefing: corticosteroids](#) (October 2020), updated guidance and recommendations from [WHO corticosteroids for COVID-19](#) (2 September 2020).
- **COVID vaccine** – this guidance expanded rapidly and now has its own page, with many sections written in response to member enquiries. The page provides information to support pharmacists and assure members of the public about the safety and efficacy of the three currently approved vaccines; Moderna, Pfizer/BioNtech and AstraZeneca. The page includes information on:
 - **Vaccine safety** – includes our position statement and podcast
 - Role of the pharmacy team - Reassure and educate the public with useful resources for the public and the team, useful links to help dispel myths.
 - Vaccinating the pharmacy team – who is eligible, how to get vaccinated and practical guidance
 - Vaccine Approval process – includes videos.
 - Mode of action – how each vaccine type works and videos to support.
 - Efficacy – efficacy of each vaccine and position statement on changes on dosing intervals.
 - Duration of protection.
 - Excipients and ingredients – includes any animal and egg content of vaccines.
 - Side/adverse effects, anaphylaxis and reporting – includes resources for public, pharmacy team, anaphylaxis guidance and reporting process.
 - Use in pregnancy and effect on fertility.

- Use in children.
- COVID-19 vaccination programme – including eligibility and service deliver across all home countries.
- Flu vaccinations and COVID-19 vaccinations.
- Change in COVID-19 vaccine dosing interval.
- Further useful links – including PJ, WHO, DHSC comms toolkit and SPS.

Content Delivery

- During 2020 - 28 COVID related Webinars were held, with 12,045 registrations for these webinars.
- Collaborations established with key organisations to agree a co-ordinated approach included:
 - Critical care Q&As with UKCPA CCG: incredible uptake of over 3,300 registrations across the 3 webinars.
 - Infection control Q&As series with UKCPA: over 1,000 sign ups over 3 webinars
 - Contingency planning webinar with NHSE/I
 - Primary care support webinar with PCPA
 - Managing mental health conditions
 - Thrombosis and anticoagulation
 - COVID19 clinical trials
- We hosted 8 wellbeing FB live events with 23.3k views on our FB account and additional Wellbeing support materials with Pharmacist Support and Mental Wealth Academy.
- We ran 5 webinars specifically for Prov-reg; with GPhC, with Mental Wealth Academy, with Pharmacist Support. 2,770 delegates.
- The Critical Care Pharmacy Q&A webinar had 1,751 bookings in 29 hours, and this was the most popular of all the COVID webinars.
- Ethical framework support content – bringing guidance to life.
- Resources for those transitioning to work in critical care settings such as Nightingale.
- We have worked with GPhC and national commissioning bodies to deliver webinars supporting provisionally registered pharmacists.
- We have developed **key training handbooks** to support pharmacists redeployed to work in hospital critical care settings, including Nightingale

units, as well as being tasked by NHS England to develop a Care Homes Training Resource to support pharmacy professionals redeployed during the pandemic.

- We have built a clinical training hub, collating all our COVID-related clinical resources, which has received more than **57,700** views since its launch.
- We have advocated for and supported **member well-being and mental health** in collaboration with Pharmacist Support and Mental Wealth Academy with our Facebook Live Wellbeing Q&A panel videos being viewed over **14,300 time**.
- We have recorded **11 podcasts** covering topics such as COVID-19 testing and treatment, vaccine development and controlled drugs as well as interviews with senior figures from the pharmaceutical industry.

Website, Comms and Promotions

- We've worked 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.
- As a result, there has been a 25% increase in the number of times RPS has featured across all media on 2019. As there have been few other topics in the media during 2020, we are confident this increase is attributable to COVID work.
- Between March and December 2020, was mentioned in 4,300 online articles, featured in 581 broadcast mentions and 240 times via print, across GB, local and international media. We also increased our reach by 29% during 2020 – the total circulation that each online, broadcast and print title provides.
- RPS spokespeople featured in every national news outlet from GB, Scottish and Welsh BBC TV and radio, ITV and Sky News, and most recently RPS President Sandra Gidley spoke to BBC Radio 4's Today programme about the role of pharmacy in COVID vaccinations.
- In terms of our share of voice in the media compared with other pharmacy bodies, it's risen 9% on 2019 and is more than double that of any other pharmacy organisation. Our share was 53% in 2020 - we dominate the media compared to all other pharmacy organisations

- We have kept members informed through news stories, weekly newsletters and social media. Between the start of March and December 2020, we published 219 new stories/press releases, with 151 related to COVID-19 activity. These are shared and well received on social media.
- Key news highlights include our calls on the government to provide free Personal Protective Equipment to pharmacy teams across all settings, the need for adequate risk assessment for BAME colleagues and the vital role of pharmacy in providing COVID-19 vaccinations, which has got considerable traction into 2021.
- Our Pharmacy heroes' campaign and blogs highlighting stories of pharmacists from throughout the pandemic, which include coverage on the treatments and vaccines for COVID-19, testing challenges for pharmacy staff and the recruitment BAME groups into clinical trials during the pandemic, have had great interaction

Recommendations:

The CRT intends to continue in this format for the foreseeable future.

We 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 – 3 February 2021

Title of item	Workforce Inclusion and Wellbeing Pledge Considerations
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	Developing an Inclusive and Wellbeing Workforce Pledge
Purpose of item (decision / discussion)	Discussion
For consideration	How to ensure the inclusive workforce pledge has the 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 engagement with members and the profession • Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge • Staff absence and sickness
Resource implications	Impact on RPS staff. We will continue to monitor the volume of activity and enable additional support as and when needed

Workforce Inclusion and Wellbeing Pledge Considerations

Questions for consideration:

- Do you agree with the aims of the workforce inclusion and wellbeing pledge?
- Who from the national boards would be interested in being involved with the working group?

What we are looking to achieve:

We will engage senior sponsors across the profession to lead the campaign to co-create the workforce 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 part of the co-creation of the pledge and commitment to it.
- We will work to ensure employers are engaged and signed up to this pledge.
- We will share best practice members have come across in their experience

Background:

As outlined in our five year Inclusion and Diversity (I&D) strategy we have committed to co-create and launch a Workforce Inclusion and Wellbeing Pledge for pharmacy 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. In partnership with the profession we want to create a culture of belonging for individuals and teams by creating an inclusive pharmacy profession and inclusive workforce places.

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. It also supports their wellbeing and mental health.

The right working environment can bring the best out in everyone and fosters talent, community and innovation. By co-creating a Workforce Inclusion and Wellbeing Pledge for pharmacy we will help employers and their employees feel less isolated at work.

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 would like to co-create the pledge with our members, ABCD members, the RPS wellbeing action group, national pharmacy organisations and employers. Our pledge will include principles of inclusion and wellbeing 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

Through signing up to this pledge, leadership teams of pharmacy organisations and employers demonstrate their commitment to more diversity and inclusion of their teams, ensuring everyone has an accessible and equal opportunity to progression and development through their career. Access to support and maintaining their employees mental health and wellbeing.

Recommendations:

- To have members of the National Pharmacy Boards on the Inclusive and Wellbeing workforce pledge working group.
- Co-create the pledge with national pharmacy organisations and employers across a range of different practice areas.

OPEN BUSINESS

- As we are currently in the scoping phase; help us prioritise the work and identify any gaps that have not considered.
- Have a phased approach to this project; the pledge will be launched in April, and a suite of documents supporting improving diversity and inclusivity and wellbeing in practice to follow.

National Pharmacy Board meeting – 3 February 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 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	RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy
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 326 members across the profession have joined; demographic data of the group:

- 85% pharmacists, 3% pre-registration students, 1.5% pharmacy techs, 0.3% pharmacy support staff, 0.6% pharmaceutical scientist and 10% other
- Predominantly from hospital (29%), community (25%) and academic (13%) areas of practice
- 69% women and 31% men
- 10% have stated they have a disability
- 63% are from a BAME community
- 10% are from the LGTQB+ 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 are currently working on developing a race microaggression reference to support individuals and organisations highlight what a race microaggression is and what to do if you have experienced or witnessed this behaviour. It will be launched with a microaggression awareness training workshop. Disability, LGBTQ+ and Gender microaggression references will be developed throughout the year.
- b. Developed an ability reference group – we have had our first meeting to discuss attitudes to disability in pharmacy and to help shape our disability awareness campaign.
- c. We are committed to building a network of diverse guest lecturing pharmacists who pharmacy schools can approach to provide lectures in their specialist areas. Ensuring diversity of personal backgrounds, skills and areas of practice.
- d. The group have also helped ensure infographics representing different protected characteristics (Age, Disability, Pregnancy, Maternity/Paternity Status and Race).
- e. Following the October ABCD meeting, which focused on disability, a number of individuals were inspired to share their experiences of having a visible and non-visible disability within pharmacy. One blog in particular from a pharmacy student has resulted in Health Education England reviewing the ORIEL platform to include accessibility information is clearly stated.
- f. We will continue to promote the ABCD group, to ensure broad representation across the profession and allyship.

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

We have launched an anonymous survey to collect EDI data from our members in January that will be open to complete until April. We will be 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 advisory groups such Hospital Advisory Group and Early Careers Group.

3. Inclusive Pharmacy Practice - Health Inequalities

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

England: Working with NHSE/I and APTUK to produce a Joint National Plan for Inclusive Pharmacy Professional Practice.

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 stakeholder organisations have agreed to develop a statement of Inclusive Pharmacy Practice.

4. Advocacy Asks Table

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 produced an advocacy asks table capturing what we have heard so far, which is now published on the RPS website. This table will continuously be added to and updated as we progress through the strategy and focus on particular areas in more detail and we changes in key particular areas.

5. Equality Impact Assessments (EQIA)

We have developed an Equality Impact Assessment template, which has been piloted on the Consultant Pharmacist Credentialing Process.

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

6. GPhC Fitness to Practice Consultation Response

We have submitted a response to the GPhC on Managing concerns about pharmacy professionals: Our strategy for change. The response was shaped through engagement with the RPS Early Career Pharmacist expert group, RPS National Board members and a workshop was hosted for ABCD members and RPS members more broadly to feed in their thoughts to our response.

We also invited the GPhC to our latest ABCD meeting for them to discuss the EDI element of the fitness to practice strategy and for ABCD members to share their views directly to the GPhC.

7. Workforce Inclusion and Wellbeing Pledge

Work has started to scope the aims and objectives of the Workforce Inclusion and Wellbeing pledge to foster a culture of belonging for all members of the pharmacy profession. The pledge will include a number of resources to create fair and transparent processes and support visibility, representation and progression across groups.

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 will be working with Pharmacy Schools Council and other key stakeholders to develop a 'Diverse Network of Guest Lecturers' that schools of pharmacy can use to diversify their teaching faculty.

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.

Next steps

The table below indicates the activity we have coming up in quarter 1 and 2 of this year and our key priorities.

Activity	Jan	Feb	Mar	April	May	June
Co-create a yearly calendar of events and an annual I&D in pharmacy event.	Ongoing					
Working with key stakeholder and pharmacy organisations to develop a Workforce Inclusion and Wellbeing Pledge						
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						
Start work on Diverse Lecturer Network						
Launch comms plan on RPS board election process						
Implement the changes of the RPS fellowship process following review						
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					

Drumbeat Events

We will continue to acknowledge religious events, coming up throughout the year.

We will be celebrating LGTBQ+ History Month in February and focus on gender inequality in particular: Women in Pharmacy in March through a number of Facebook live and other virtual events in collaboration with volunteers of our ABCD group and expert groups.

National Pharmacy Board meeting – 3 February 2021

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright / Ravi Sharma
Position in organisation	Practice and Policy Lead, England / Director for England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Item to be led at the meeting by	Heidi Wright / Ravi Sharma
Headline summary of paper	Discussion on actions and support to take these forward and update on the RPS workforce wellbeing workstream
Purpose of item (decision / discussion)	Discussion
For consideration	The boards are asked to consider the questions in this document
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 • Staff absence and sickness
Resource implications	Impact on RPS staff. We will continue to monitor the volume of activity and enable additional support as and when needed

RPS Workforce Wellbeing

Questions for consideration:

- What further support, resources or guidance should RPS offer to members?
- What are the key priorities RPS should focus on moving forward?

What we are looking to achieve

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. The RPS aims to do this by working in three main areas as outlined in our [policy asks](#):

1. Prevention
2. Environment and Culture
3. Accessing support

In response to the RPS Workforce Wellbeing 2020 Survey, we and Pharmacist Support will take actions in three main areas:

- Work with governments, regulators, employers and the NHS to create the right working conditions and culture for good mental health and wellbeing in pharmacy
- Encourage the destigmatisation of mental health and enable pharmacy teams to access the support they need when they need it, through both raising awareness of available support and encouraging its use.
- Provide direct wellbeing support to members by sharing tools, approaches and practical tips

Working across the different directorates of the RPS we have developed an action plan which will support the delivery of the 3 main policy asks. The milestones we are aiming to achieve are:

Q4 2020	Q1 2021	Q2 2021	Q3 2021
Publish RPS and Pharmacist Support Workforce Wellbeing 2020 report	Promote our wellbeing campaign and encourage support for our policy asks	Produce practical tips on how to destigmatise mental health in pharmacy and why it is important	Space for additional delivery based on feedback and engagement with members and the RPS Wellbeing Action Group

Work with Pharmacist Support on developing a series of support workshops for members and drop in chats for the profession	Engagement with members through the formation of the RPS Wellbeing Action Group and call for examples of good practice	Hold engagement events and webinars with partners for members on transforming workplace culture and promoting good wellbeing linked to RPS Inclusion and Diversity work	Develop and launch 2021 Workforce Wellbeing survey
	Identify areas where further intelligence and evidence needs to be gathered		
	Engagement and collaboration with key stakeholders to discuss actions and enable change		

Background:

In 2019 RPS and Pharmacist Support (PS) undertook a Workforce Wellbeing survey. Following that survey, we committed to the following policy asks:

- All pharmacy workplaces must have a culture that is conducive to positive wellbeing including:
 - Employers must give pharmacists access to the breaks they need
 - Having the right level of skilled support staff to help pharmacists manage their workload
- All pharmacists must have access to protected learning time to support and enable their professional development.
- All pharmacists must have equal access to NHS funded occupational health service

In 2020 the focus of the RPS was on supporting our members, and the profession, through the COVID-19 pandemic. Ensuring good workforce wellbeing played a part in this and we were pleased to see the NHS support on mental health and

wellbeing extended to pharmacists and their teams across England, Scotland and Wales.

Throughout 2020 we worked with Pharmacist Support and the Mental Wealth Academy to provide virtual and interactive webinars and informal 'drop in' sessions for pharmacy students and pharmacy teams to support their mental health, as well as providing some practical tips, signposting to resources and support. These sessions were welcomed by the profession with strong engagement and positive feedback

In September 2020 we launched our second annual workforce wellbeing survey with Pharmacist Support and the full report and summary of the survey findings can be found on the [RPS website](#). Alongside the report we published our policy asks, as agreed by the national pharmacy boards and through engagement with our members.

We have updated the website in terms of highlighting the resources available to members and making the resources easier to find.

We are now in the process of delivering an action plan to support and improve the mental health and wellbeing of pharmacists.

RPS Networks

One of the issues identified in the Workforce Wellbeing Survey is the number of pharmacists who are feeling isolated. This highlighted the need for improved networking opportunities. Isolation has increased during the Covid-19 pandemic with the cancellation of in-person events and meetings.

We are currently scoping the views of members on the creation of a new RPS digital networking community. The aim of this digital community would be to enable RPS members to connect, learn from each other, influence RPS policy and support professional development. Membership involvement in the co-design of this community is essential: a detailed description of the platform will follow once the scoping phase is complete.

Recommendations:

We recommend that board members discuss what resources, support and guidance pharmacists could benefit from in relation to supporting their wellbeing. We would encourage board members to help us identify what our key priorities should be moving forward and any gaps in our work.

National Pharmacy Board meeting – 3 February 2021

Title of item	Brexit Update
Author of paper	Ross Gregory, John Lunny and Helen Reilly
Position in organisation	Public Affairs leads
Telephone	0207 572 2222
E-mail	helen.reilly@rpharms.com
Headline summary of paper	Update on pharmacy issues relating to Brexit
Purpose of item	For discussion.
Risk implications	Monitoring the impact of Brexit on the pharmacy profession, medicine supply, and patient care.
Resource implications	None beyond staff time.

BREXIT UPDATE

To give the Boards an update on Brexit issues:

- Medicines supply
- Does it change who can work here?
- EU prescriptions – status
- Falsified Medicines Directive (FMD)
- Life sciences

For discussion: Are there other key issues where further work is needed?

Background

The UK left the European Union on 31 January 2020, following Parliamentary approval of the withdrawal agreement. The transition period that was in place while the UK and EU negotiated additional arrangements ended on 31 December.

The RPS published an updated statement on Brexit in December 2020.
([www.rpharms.com/Portals/0/Documents/Brexit statement 22 December 2020.pdf](http://www.rpharms.com/Portals/0/Documents/Brexit%20statement%2022%20December%202020.pdf))

The UK Government wrote to the [health and care sector](#) about the UK–EU Trade and Co-operation Agreement on 30 December 2020.

Medicines supply

RPS sought and received assurances from the UK Government, devolved governments, the pharmaceutical industry and others on plans to sustain the supply of medicines following the Brexit transition period. A [letter](#) from the Chief Pharmaceutical Officer for England on 10 December set out the work that has been undertaken to ensure continuity of medicines supply. It advised against local stockpiling and to not change prescribing behaviours. A further [letter](#) from the NHS Senior Responsible Officer for EU Exit, covering the outcome of the UK negotiations with the EU, was published on 30 December. At the time of writing, whilst there had been a reduction in trade volumes in the new year as new border arrangements came into effect, no significant disruption to medicines supplies had been reported.

Does it change who can work here?

EEA qualified pharmacists with relevant European qualifications are still able to apply to register for up to two years and have a simplified route to registration. Pharmacist applicants who qualified outside of the EEA, or who qualified in the EEA but don't have relevant European qualifications, need to apply for registration via the General Pharmaceutical Council's overseas registration process.

The UK–EU Trade and Co-operation Agreement does not include provision for mutual recognition of qualifications for UK pharmacists seeking to work in the EU. Unless there is further EU-wide agreement in future, mutual recognition would need to be agreed country-by-country.

Further information is available from the GPhC at:
www.pharmacyregulation.org/registration/brexit-information-pharmacy-professionals-and-owners

Most EEA countries no longer automatically recognise qualifications from the UK. Pharmacists with a UK qualification will now have to apply to work in an EEA country in the same way as an applicant from outside the EU.

EU prescriptions – status

A prescription issued in an EEA member state or Switzerland can still be dispensed in the UK if the prescriber is from an appropriate profession.

Prescriptions issued in the UK can no longer be lawfully dispensed in an EU member state. This has implications for patients, including media reports on access to cannabis-based products in the Netherlands.

Falsified Medicines Directive

RPS has raised its concerns with the Secretary of State for Health about the UK's removal from the FMD process and highlighted the urgent need for a home-grown alternative system to prevent counterfeit medicines entering the supply chain. We have also raised the issue with the Association of the British Pharmaceutical Society (ABPI). The Department of Health and Social Care has said that once the Medicines and Medical Devices Bill has received Royal Assent, it will consult on establishing a national scheme to deter falsified medicines.

Life Sciences

UK-EU agreement on mutual recognition of Good Manufacturing Practice has been welcomed by industry leaders, but there are questions on issues such as batch testing and whether additional regulatory burden will increase medicines prices.

The NHS and Government are working with organisations sponsoring and running clinical trials and investigations to ensure that research continues as normal in the coming months. The UK has an agreement in principle to become an associate member of the R&D programme Horizon Europe.

Next steps

Protecting patient care, supporting the pharmacy workforce, and ensuring the continuity of medicines supply after Brexit will continue to be high priorities for RPS in 2021.

RPS will continue to engage with the UK Government, devolved governments and key stakeholders on Brexit and potential implications for the pharmacy profession and patient care.

RPS will respond to the anticipated Government consultation on falsified medicines in due course

Conclusion:

The implications of Brexit and the reality of the how it will impact on the pharmacy profession and medicines supply will need to be closely monitored and evaluated. Brexit will therefore continue to be an important focus for RPS and work will be taken forward to understand the ongoing implications of Brexit on pharmaceutical care and medicines supply throughout 2021.

National Pharmacy Board meeting 3 February 2021

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 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

English Pharmacy Board meeting 3 February 2021

Title of item	English Pharmacy Board Elections 2021
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager England Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Ravi Sharma
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on English Pharmacy Board elections 2021

National Pharmacy Boards' Elections 2021 - England

1. Background

The following board members were due to stand down in 2020 but due to the COVID 19 pandemic the Assembly, at its March meeting, took the decision to take emergency executive action and withdraw the 2020 Election scheme and cancel the National Pharmacy Boards 2020 elections. As a result of this cancellation the board members listed below whose term of office was due to end in June 2020 (with the exception of Nadia Bukhari who had already resigned) were given a one year extension to their tenure.

Martin Astbury
Sandra Gidley
Ash Soni
Mahendra Patel

Nadia Bukhari (resigned in Sept 2019 – EPB took the decision not to fill this casual vacancy but to wait for the 2020 election which as explained above was cancelled)

In addition to those named above the current board members, named below, who were elected for three years in 2018, will see their term of office expire on 22 June 2021:-

Thorrin Govind
Claire Anderson
Hemant Patel

Brendon Jiang's term of office will also come to an end on 22 June 2021 as his tenure was for two years only when he filled a casual vacancy left by Sultan "Sid" Dajani.

There will therefore be **9 English Pharmacy Board places** to be filled in the 2021 elections.

2021 Elections

At the meeting held on 18th November 2020, Assembly members agreed that any National Pharmacy Board Member whose term of office had originally expired in June 2020, but was then extended for a further year due to the COVID-19 pandemic, should, if elected to the Board in 2021 only serve a term of office of two

years. The Society's Regulations and the 2021 Election Scheme would therefore be amended to reflect this decision.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2021. The nomination process will be outsourced (to Mi Voice) for all three pharmacy boards as has been the practice in previous elections.

Nominations for candidates in the English Pharmacy Board election must **either** be made on the form issued by the Scrutineer, Mi Voice, which must be signed by ten Member nominators **or** submitted "**on line**" whereby the signatures of the ten member nominators will not be necessary but a verification process will be in place to check on the membership status and addresses of the nominators. In both instances the nominator's address must be on the RPS database and must be in England, the Channel Islands or the Isle of Man or overseas*.

* A Member who is resident overseas at the time the electoral roll is closed shall be entitled to nominate a candidate for English Pharmacy Board unless he/she has opted to be an elector of one of the other boards. (The Election Scheme provides further clarification on this.)

Nomination for election to these vacancies must be received (via on-line nomination, post, hand delivery, fax or email) by the Scrutineer, Mi Voice, on 1st April 2021 at 5pm

A nomination may be withdrawn by notice in writing, signed by the prospective candidate and delivered to the Scrutineer, Mi Voice no later than 5 pm on 2nd April 2021

3. Eligibility

A Member shall be eligible for election only if they are a Member or Fellow of the Society.

A retired Member of the Society shall be eligible for election.

A member may only stand for election to one Board.

A member shall be eligible for election to the English Pharmacy Board only if they are a resident in England, the Channel Islands or Isle of Man.

If, by resolution of a board, any elected Member of that Board the requirements relating to her/his residency s/he shall cease to be a member of the board in question.

No Member shall be eligible for election if s/he has failed to pay by the date and time fixed for the return of nomination forms (1st April 2021 at 5pm) any subscription or other debt due and payable by her/him to the Society.

No Member shall be eligible for election if s/he has been charged with a criminal

offence or has been notified by the Society or any professional, regulatory or public body that s/he is subject to investigation in relation to her/his conduct or competence, and the matter is unresolved.

No member shall be eligible for election if s/he is employed by the Society.

4. Timetable

The electoral roll will be closed at 5pm on 2nd April 2021. Only those Members who have paid the 2021 membership fee by this date will be eligible to vote. It is expected that voting papers will be emailed or posted (only if previously requested) to the electorate on

29th April 2021. The completed voting form, which needs to be completed online or submitted to the Scrutineer (if a postal ballot form was requested) no later than 5pm on 13th May 2021.

The newly elected Board members will take office at 00.01 on 22nd June 2021.

5. Risk implications

Reputational risk if a robust process is not followed.

6. Resource implications

All costs have been accounted for in the budget for 2021.

Ravi Sharma

Director for England

Returning Officer for the English Pharmacy Board Election

Scottish Pharmacy Board meeting 3 February 2021

Title of item	Scottish Pharmacy Board Elections 2021
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Carolyn Rattray Business Manager Scotland Carolyn.rattray@rpharms.com
Item to be led at the meeting by	Clare Morrison
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on Scottish Pharmacy Board elections 2021.

National Pharmacy Boards' Elections 2021 - Scotland

1. Background

The following board members were due to stand down in 2020 but due to the COVID 19 pandemic the Assembly, at its March 2020 meeting, took the decision to take emergency executive action and withdraw the 2020 Election Scheme and cancel the National Pharmacy Boards 2020 elections. As a result of this cancellation the board members listed below, whose term of office was due to end in June 2020, were given a one-year extension to their tenure:

Jonathan Burton
Alasdair Macintyre
Ailsa Power
Deborah Stafford

In addition to those named above the current board members, named below, who were elected for three years in 2018, will see their term of office expire on 22 June 2021:

Ewan Black
Anne Boyter
Andrew Carruthers (Casual Vacancy)
Tamara Cairney (Casual Vacancy)

There will therefore be **8 Scottish Pharmacy Board places** to be filled in the 2021 elections.

2021 Elections

At the meeting held on 18th November 2020, Assembly members agreed that any National Pharmacy Board Member whose term of office had originally expired in June 2020, but was then extended for a further year due to the COVID-19 pandemic, should, if elected to the Board in 2021 only serve a term of office of two years. The Society's Regulations and the 2021 Election Scheme would therefore be amended to reflect this decision.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2021. The nomination process will be outsourced (to Mi Voice) for all three pharmacy boards as has been the practice in previous elections.

Nominations for candidates in the Scottish Pharmacy Board election must **either** be made on the form issued by the Scrutineer, Mi Voice, which must be signed by three Member nominators **or** submitted “**on line**” whereby the signatures of the three member nominators will not be necessary but a verification process will be in place to check on the membership status and addresses of the nominators. In both instances the nominator’s address must be on the RPS database and must be in Scotland.

* A Member who is resident overseas at the time the electoral roll is closed shall be entitled to nominate a candidate for the Scottish Pharmacy Board unless he/she has opted to be an elector of one of the other boards. (The Election Scheme provides further clarification on this.)

Nomination for election to these vacancies must be received (via on-line nomination, post, hand delivery, fax or email) by the Scrutineer, Mi Voice, on 1 April 2021 at 5pm

A nomination may be withdrawn by notice in writing, signed by the prospective candidate and delivered to the Scrutineer, Mi Voice no later than 5 pm on 2 April 2021

3. Eligibility

A Member shall be eligible for election only if they are a Member or Fellow of the Society.

A retired Member of the Society shall be eligible for election.

A member may only stand for election to one Board.

A member shall be eligible for election to the Scottish Pharmacy Board only if they are a resident in Scotland.

If, by resolution of a board, any elected Member of that Board the requirements relating to her/his residency s/he shall cease to be a member of the board in question.

No Member shall be eligible for election if s/he has failed to pay by the date and time fixed for the return of nomination forms (1st April 2021 at 5pm) any subscription or other debt due and payable by her/him to the Society.

No Member shall be eligible for election if s/he has been charged with a criminal offence or has been notified by the Society or any professional, regulatory or public body that s/he is subject to investigation in relation to her/his conduct or competence, and the matter is unresolved.

No member shall be eligible for election if s/he is employed by the Society.

4. Timetable

The electoral roll will be closed at 5pm on 2 April 2021. Only those Members who have paid the 2021 membership fee by this date will be eligible to vote. It is

expected that voting papers will be emailed or posted (only if previously requested) to the electorate on

29 April 2021. The completed voting form, which needs to be completed online or submitted to the Scrutineer (if a postal ballot form was requested) no later than 5pm on 13 May 2021.

The newly elected Board members will take office at 00.01 on 22 June 2021.

5. Risk implications

Reputational risk if a robust process is not followed.

6. Resource implications

All costs have been accounted for in the budget for 2021.

Clare Morrison

Director for Scotland

Returning Officer for the Scottish Pharmacy Board Election

Welsh Pharmacy Board meeting 3 February 2021

Title of item	Welsh Pharmacy Board Elections 2021
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Cath Ward Business Manager Wales Cath.Ward@rpharms.com
Item to be led at the meeting by	Elen Jones
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Information on Welsh Pharmacy Board elections 2021

National Pharmacy Boards' Elections 2021 - Wales

1. Background

The following board members were due to stand down in 2020 but due to the COVID 19 pandemic the Assembly, at its March meeting, took the decision to take emergency executive action and withdraw the 2020 Election scheme and cancel the National Pharmacy Boards 2020 elections. As a result of this cancellation the board members listed below whose term of office was due to end in June 2020 were given a one-year extension to their tenure.

Jeffrey Paul Harris
Richard Evans
Suzanne Scott Thomas
Robert Davies

In addition to those named above the current board members, named below, who were elected for three years in 2018, will see their term of office expire on 22 June 2021: -

Adam Mackridge
Jodie Gwenter
Dylan Lloyd Jones
Cheryl Way

There will therefore be **8 Welsh Pharmacy Board places** to be filled in the 2021 elections.

2021 Elections

At the meeting held on 18th November 2020, Assembly members agreed that any National Pharmacy Board Member whose term of office had originally expired in June 2020, but was then extended for a further year due to the COVID-19 pandemic, should, if elected to the Board in 2021 only serve a term of office of two years. The Society's Regulations and the 2021 Election Scheme would therefore be amended to reflect this decision.

2. Nominations

The RPS will continue to use Mi Voice as the Scrutineers for the National Pharmacy Board elections in 2021. The nomination process will be outsourced (to Mi Voice) for all three pharmacy boards as has been the practice in previous elections.

Nominations for candidates in the Welsh Pharmacy Board election must **either** be made on the form issued by the Scrutineer, Mi Voice, which must be signed by one Member nominator **or** submitted “**on line**” whereby the signature of the nominator will not be necessary but a verification process will be in place to check on the membership status and addresses of the nominators. In both instances the nominator’s address must be on the RPS database and must be in Wales.

* A Member who is resident overseas at the time the electoral roll is closed shall be entitled to nominate a candidate for English Pharmacy Board unless he/she has opted to be an elector of one of the other boards. (The Election Scheme provides further clarification on this.)

Nomination for election to these vacancies must be received (via on-line nomination, post, hand delivery, fax or email) by the Scrutineer, Mi Voice, on 1st April 2021 at 5pm

A nomination may be withdrawn by notice in writing, signed by the prospective candidate and delivered to the Scrutineer, Mi Voice no later than 5 pm on 2nd April 2021

3. Eligibility

A Member shall be eligible for election only if they are a Member or Fellow of the Society.

A retired Member of the Society shall be eligible for election.

A member may only stand for election to one Board.

A member shall be eligible for election to the Welsh Pharmacy Board only if they are a resident in Wales.

If, by resolution of a board, any elected Member of that Board the requirements relating to her/his residency s/he shall cease to be a member of the board in question.

No Member shall be eligible for election if s/he has failed to pay by the date and time fixed for the return of nomination forms (1st April 2021 at 5pm) any subscription or other debt due and payable by her/him to the Society.

No Member shall be eligible for election if s/he has been charged with a criminal offence or has been notified by the Society or any professional, regulatory or public body that s/he is subject to investigation in relation to her/his conduct or competence, and the matter is unresolved.

No member shall be eligible for election if s/he is employed by the Society.

4. Timetable

The electoral roll will be closed at 5pm on 2nd April 2021. Only those Members who have paid the 2021 membership fee by this date will be eligible to vote. It is

expected that voting papers will be emailed or posted (only if previously requested) to the electorate on 29th April 2021. The completed voting form, which needs to be completed online or submitted to the Scrutineer (if a postal ballot form was requested) no later than 5pm on 13th May 2021.

The newly elected Board members will take office at 00.01 on 22nd June 2021.

5. Risk implications

Reputational risk if a robust process is not followed.

6. Resource implications

All costs have been accounted for in the budget for 2021.

Elen Jones

Director for Wales

Returning Officer for the Welsh Pharmacy Board Election

National Pharmacy Board meeting – 3 February 2021

Title	Education and Professional Development activities update to National Boards
Open, confidential or restricted	Open
Author (include email/phone) Position Director responsible	Gail Fleming 020 7572 2358 gail.fleming@rpharms.com Director of Education and Professional Development Gail Fleming
Purpose of item (for noting/discussion/decision/approval)	For noting
Item Summary	Education and Professional Development activities report October to December 2020
Actions/decisions required of the National Boards	To note the Education and Professional Development activities report October to December 2020

1. Background

In the final quarter of 2020 the Education and Professional Development directorate focused on the delivery of our work plan that had been significantly delayed due to the impact of Covid19. Some objectives, notably Advanced Practice credentialing have been pushed into the 2021 work plan. The delivery of the Community Pharmacist Consultation Service (CPCS) finally got underway in October 2020 after a 6 month delay due to Covid 19. We continued to support the RPS Covid Response Team with the delivery of a couple of Covid webinars but the level of activity for the team was significantly less than earlier in 2020.

2. Structures to Support Delivery

2a. Education and Standards Committee and associated panels

The Education and Standards Committee met in October 2020. It was chaired by Raminder Sihota as Interim Chair. Key actions in the meeting were to review the results of the consultant pharmacist curriculum consultation as well as agreeing terms of reference and role descriptors for the Advanced Pharmacist Assessment Panel and Assessment Regulatory Committee (see below). In November 2020 we appointed Professor Andy Husband as the new chair of the Education and Standards Committee who has taken up this role on January 1st 2021. We would like to extend our thanks to both Professor Peter Kopelman whose tenure as Chair has now come to an end and to Raminder Sihota who has acted as Interim Chair between July and December 2020.

Following approval of the terms of reference, we have now successfully recruited members to the Advanced Pharmacist Assessment Panel (APAP) and Assessment Regulatory Committee (ARC). Members have confirmed their place and have completed declarations of interest and confidentiality agreements.

ARC members have undergone a remote induction with the Head of Assessment and Credentialing and will meet as and when required going forwards.

2b Early Careers Pharmacist Advisory Group

The Early Careers Pharmacist Advisory Group (ECPAG) met in December 2020. We would like to thank Anna Robinson for standing in at short notice as chair. The group discussed and contributed to the RPS response to the GPhC Fitness to Practise consultation. The group also discussed and fed into evolving plans for An RPS programme of work in 2021 to support independent prescribers. Further information about the group is available at <https://www.rpharms.com/about-us/who-we-are/expert-advisors/early-careers-pharmacist-advisory-group>.

3. Initial Education and Training

3a. Reform of Initial Education and Training

In June 2020 the reform of the Initial Education and Training of Pharmacists was proposed by the CPhO for England via the Education Governance Oversight Board (EGOB). The RPS supports this change and has contributed to an Advisory Group and associated workstreams established by the GPhC to take this forward. New IET standards were approved by the GPhC Council in December 2020 and are due to be published in late January. We advocated for consistency in the nomenclature of IET standard domains with those used in postregistration frameworks and curricula which has now been included within the new standards.

3b. Pre-registration Pharmacists

The Professional Development team has been working with Events colleagues to review and update the RPS pre-registration revision programme for the 2020/21 cohort. We have developed new guidance for session content writers to ensure consistency of design and delivery. Dates for the revision course are provisionally confirmed and will be promoted to pre-registration trainees (members and non-members) in February 2021.

4. Foundation/ Provisional Registration

4a. Newly Qualified Pharmacist Programme (NQPP)

The GPhC IET reform and the dynamic and evolving landscape of newly qualified practice has led to the previous post-registration 'Foundation' programme of work being repurposed to enable the post-registration transition to advanced practice credentialing, integrating independent prescribing content and annotation. The curriculum has been designed to support the phased implementation of the revised IET standards over the next 5 years, with the programme's curriculum content being reviewed annually as clinical content is phased into the pre-registration/ foundation and undergraduate curricula. The ultimate end-point will likely be designed to support newly qualified prescribers as well as covering the non-clinical content essential for development to advanced practice credentialing (leadership & management, education, research).

To allow the integration of independent prescribing into newly qualified programmes, the RPS has requested the GPhC remove the two year entry requirement for independent prescribing course and we believe this regulatory change will be in place by the end of 2021. The RPS is seeking to work collaboratively with HEIs and educational commissioning bodies/employers to support newly qualified pharmacists to undertake a programme of learning and development that includes independent prescribing as well as the other curriculum domain content that will prepare pharmacists to undertake advanced practice training.

The NQPP curriculum development workstream concluded in October 2020. Alongside this an NQPP assessment task and finish group has been established. It will develop an assessment blueprint, high level principles for the assessment infrastructure, critical progression points and guiding principles for learners requiring additional support.

Timelines:

NQPP formal consultation	February/March 2021
Assessment proof of concept pilot	April/May 2021
Publish curriculum	July 2021

4b. Provisional Registration

The RPS was commissioned by Health Education England in September 2020 to provide a professional support service to provisionally registered pharmacist undertaking the interim foundation pharmacist programme (IFPP). The team provide support on pharmacy practice, careers and the e-portfolio; the most common theme to date has been the GPhC registration assessment and revision. In Q4 of 2020, we received 144 enquiries. Furthermore, we regularly receive enquiries via email, social media and through our four dedicated ProvReg WhatsApp groups.

We continue to see good engagement with our provisional registration E-portfolio. We currently have approximately 1500 users; 60% are learners and 30% are collaborators (senior pharmacists, tutors and educational supervisors). All E-portfolio development tools are regularly used; the learning needs assessment is the most used tool. We have delivered a series of six webinars (two in collaboration with Boots, and four with HEE) to guide users through the platform functionality and provide best practice advice on how to effectively use the E-portfolio to support learning and development. These have been well received and further sessions are planned for January 2021.

We are continually enhancing the RPS pre-registration revision course and mock registration assessment. We have improved our mock registration assessment quality assurance process with additional independent external review of all papers. A new mock assessment has been produced for provisional registrants taking the GPhC examination in March 2021. This will be open to RPS members at the end of January.

5. Advanced and Consultant Practice

5a. Advanced Pharmacist Credentialing

Stephen Doherty, the newly recruited Advanced Pharmacist Programme Lead, has now taken up post and is seconded to the RPS from his substantive role in Health Education England. Stephen was heavily involved in the development of the NHS Consultant Pharmacist Guidance 2020.

A project plan has been drafted for the development of a core advanced curriculum and assessment strategy as well as two advanced specialist curricula and associated assessment strategies. This programme of work is due to be completed by the end of 2021.

5b. Consultant Pharmacist - Post approvals

Post approvals are now part of our business as usual activity. Three applications from the October-December 2020 window are currently being reviewed. Outcomes for this window will be released on 22nd February 2021. Below is a summary of the 2020 applications received:

Number of applications submitted	20
Number of applications submitted by windows	<ul style="list-style-type: none"> o January-March 2020 – 6 o April-June 2020 – 3 o July-September 2020 – 8 o October-December 2020 – 3
Application by sectors (host employer)	<ul style="list-style-type: none"> o Community Pharmacy- 0 o Primary Care– 2 o Secondary Care– 18
Application by country	<ul style="list-style-type: none"> o England – 19 o Scotland – 1 o Wales – 0

5c. Consultant Pharmacist Credentialing

Consultant pharmacist individual credentialing was launched in October 2020. This included the parallel launch of the supporting e-portfolio module.

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.

Engagement with the newly launched programmed has been positive demonstrated by a fairly significant uptake:

- There are currently 173 people registered onto the RPS consultant pharmacist e-portfolio. 86% of these are RPS members.
- There have been 36 collaborators invited to complete SLEs.
- A total number of 330 SLEs have been initiated.

We are currently asking for expressions of interest from appropriately qualified individuals to join the Consultant Pharmacist Competence Committee (CPCC) pool of

assessors. CPCCs will meet remotely three times a year to review portfolio submissions. The submission dates for 2021 are as follows:

	Final submission deadline	Anticipated outcome date
Application window 1	25 January 2021	8 March 2021
Application window 2	26 April 2021	7 June 2021
Application window 3	24 August 2021	4 October 2021

RPS member offer

We have launched two clear member benefit services to promote RPS membership to those undertaking consultant pharmacist credentialing:

1) Expert mentor service

To support aspiring consultant pharmacists with their credentialing in the four domains of the curriculum, the RPS launched its consultant pharmacist expert mentoring service in November 2020.

We now have between 16-30 expert mentors in each of the 4 pillars of practice. So far, 5 requests have been made to expert mentors. We continue to promote recruitment for expert mentors to ensure adequate numbers of mentors on the platform to cover the potential number of mentees. We hope to provide support and additional training to expert mentors in 2021.

2) Support webinars

To support individuals with the credentialing process, the RPS has, to date, hosted two free webinars, open to members and non-members.

- Webinar 1 – Wednesday 4th November 2020 – Individual credentialing process and Q&A
- Webinar 2 – Wednesday 2nd December – E-portfolio demonstration and Q&A

These webinars were well attended with over 100 delegates at each one.

As part of the member benefit offer, the RPS will be hosting monthly webinars throughout 2021 covering different aspects of the credentialing process, such as the effective use SLEs and how to produce quality evidence for each domain. These webinars will be free for members and a payable fee of £50 for non-members.

6. Education Delivery

6a. Courses and Programmes

Community Pharmacist Consultation Service CPD Course

In March 2020 the RPS was awarded a contract with Health Education England to facilitate CPD workshops to support the delivery of the Community Pharmacist Consultation Service (CPCS) to approximately 16,000 pharmacists across England. We have partnered with RCGP to deliver this programme of activity. Due to COVID-19, this contract was paused prior to launch in March. The course was launched on 6th October 2020, and between launch and 31 December 2020, we successfully delivered 63 courses over 126 sessions. We have reviewed feedback from facilitators, Chairs and learners on a weekly basis, and via our RPS RCGP CPCS Quality Team monthly meetings, ensure the ongoing quality of the course content and delivery. Our initial focus in 2021 will be engaging with HEE and NHS England to discuss the potential impact of the current wave of COVID-19 on course delivery.

Antimicrobial Stewardship Training Programme

In August we successfully secured additional funding from HEE to deliver the RPS Antimicrobial Stewardship (AMS) Training Programme to a further 30 learners, in collaboration with Public Health England and UKCPA. This is a blended learning programme which has been adapted to the digital environment. This training upskills pharmacists to apply PDSA cycles (Quality Improvement methodology) and behaviour change interventions to improve AMS in their workplace. This highly popular programme was launched on 9th November with pharmacists from community, primary care, CCG and hospital areas of practice. The programme is comprised of 2 digital training events, 3 moderated peer discussion sessions, self-directed learning and an end of programme assessment. The 2 digital training events were delivered on 17th and 24th November 2020.

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. We are currently working with both organisations to gather their requirements for a new e-portfolio module, with a view to moving from our existing system to a new module within our RPS e-portfolio in Q1 2021.

6b. Educational Events

Following on from our work on the Early Careers Project in Q3, we have commenced planning for our programme of RPS Education webinars for members, to be delivered in collaboration with PhP, RPS Expert Groups and other partner organisations across GB. In October we delivered our first session with PhP on the topic of Palliative Care, with case studies based on updates from the Palliative Care Formulary (PCF), and the session led by the PCF Editor-in-Chief, and a specialist Palliative Care pharmacist. In November, we collaborated with the RPS AMR Expert Advisory Group to deliver a

session during World Antimicrobial Awareness Week, led by a multi-disciplinary team of experts.

In addition, we delivered a further 2 webinars as part of our COVID webinar series, in collaboration with the RPS AMR Expert Advisory Group and the UKCPA Pharmacy Infection Network, to update the workforce on current infection management practice across Great Britain, and latest trial data from key COVID clinical trials.

We are in the process of securing collaborations with a number of national organisations to support delivery over 2021, which will be announced in January 2021.

6c. Operational infrastructure – RPS Live

In November we commenced work to establish 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

To ensure the planning, development and timely delivery of relevant, high-quality content, we have established 3 cross-team groups: RPS Live Planning Group, RPS Live Scheduling Group and RPS Live Quality Group. These groups will meet routinely throughout the year, and will take an intelligence led approach to ensure our development and quality principles are met.

The key output of the Planning and Scheduling Groups will be a calendar of all live content, that will be published quarterly and 6 months in advance, as a key feature of our member offer. The first calendar is planned to be published as part of the January 2021 renewals campaign.

7. Mentoring

To date we have 1387 registered users on our mentoring platform, 1110 mentees (668 are active), 463 mentors (339 are active). 1006 mentoring requests have been made (536 are in progress, 66 already completed).

We launched consultant pharmacist credentialing expert mentors in October 2020 (see section 5c). All expert mentors registered on the platform have been 'verified'

through a blue tick process; they must demonstrate that they have the appropriate experience and/or qualifications to provide support in their chosen expert areas.

We have also recruited a new mentoring development group to support ongoing developments to the platform and service. We will work with them to improve the quality of mentoring provision to establish mentoring as a core product for our members.

8. 2021 Plans

Our proposed key strategic focus in 2021 remains to develop and strengthen the RPS brand in credentialing, CPD and professional development. This will be clearly linked to different stages of career development and prioritised to reflect available resources. We are also mindful of the ongoing impact of Covid19 and that we may need to divert team members to support the RPS response or that our developmental work that is dependent on the input of frontline pharmacy staff may need to pause.

National Pharmacy Board meeting – 3 February 2021

Title of item	Science, Research and Museum update to National 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 BOARDS

Background

This paper outlines Science, Research and Museum activities undertaken since September 2020 to present.

Science and Research Team activities

Due to a significant increase in demand for research support services to support other RPS teams/workstreams, we have developed a process to help us manage and prioritise internal research requests, along with our external work. As part of our research team support function, we have delivered and are delivering the following activities:

- **COVID-19:** Continued supporting 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.
- **RPS Workforce Wellbeing:** Developed the RPS and Pharmacist Support workforce wellbeing annual survey with the support of the policy team. Analysed data and produced the final report - Report published in November 2020 ([online](#)).
- **RPS Inclusion and Diversity:** Working with I&D group to develop the RPS inclusion and diversity annual survey.
- **RPS Independent prescribing:** Supporting the intelligence and research function of this workstream.
- **RPS Networks:** Supporting the intelligence and research function of this workstream to understand the needs for the re-development of the RPS online networks.
- **RPS/RCGP Community Pharmacist Consultation Service:** Supporting the evaluation of the HEE commissioned-CPD courses delivered as part of CPCS - evaluation of feedback provided by learners and facilitators.

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.

We are in the process of finalising our project plans for 2021. Our activities are made up of a combination of internal (organisation strategic priorities) and external (RPS members) research support activities as well as our own science and research team led projects.

Raising the profile of Science and Research in Pharmacy

- Comments provided for statements welcoming the COVID-19 vaccines, including Oxford/AZ vaccine and Moderna vaccine, published and shared via RPS website
- Comment on confidence in vaccines published in The Sun and on RPS website
- *Interviewed by BBC Cambridge and Radio 5 Live as part of the Naked Scientist Series to discuss the approval process for the Pfizer Vaccine in December 2020* <https://www.bbc.co.uk/sounds/play/p090hvv82>
- Published the article “*The role of pharmacy during COVID-19*” in *Open Access Government*, November 2020 ([Online](#)).
- Comments on the use of Vaccine Passports by Vaccine Minister Nadhim Zahawi <https://www.sciencemediacentre.org/expert-reaction-to-vaccine-minister-nadhim-zahawi-comments-about-a-system-where-individuals-may-require-proof-of-vaccination/>
- CPD & Learning Video interview focusing on the evidence-based treatment of acute pain (over-the-counter analgesic use for short duration, low dose), in the context of the recent publication of the National Institute for Health and Care Excellence (NICE) draft guidance and recommendations for chronic primary pain. <https://www.pharmaceutical-journal.com/?firstPass=false>
- Comment regarding drug charity Transform calling for legalisation of cocaine of other drugs and distribution in pharmacies, which was picked up in the Daily Telegraph.
- Comment in The Sunday Times on the dangers of buying medicines online (regarding story on puberty blockers)
- Comment in the South Wales Echo regarding Nitrous Oxide.
- Interview on BBC Radio Wales regarding Nitrous Oxide, which also was quoted in BBC News Wales article.
- Invited speaker at the Portuguese Pharmaceutical Society Digital Conference, October 2020: *The pharmacist and cannabis for medicinal purposes: future perspectives on their use.*
- Invited speaker at the International Pharmaceutical Federation webinar, October 2020: *Enabling practice: Empowering pharmacists & removing barriers.*

Podcasts

[PharmSci Today podcasts](#)

#	Interviewees	Topics	# Plays
23	Chair of the UK's Vaccine Taskforce.	TBC confirmed for January/February 2021	-
22	Associate Director for Pharmacy, NHS Lothian	Scheduled for 26 th January 2021	-
21	Checkit Ltd	To discover what cold chain management is, how it works and how it can help maximise vaccine stocks.	174
20	Deputy Chair of the UK's Vaccine Taskforce.	UK's plans for developing a COVID-19 vaccine: different options, likelihood of success, and difficulties in storing and distributing vaccines.	339

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.

Qualified Persons

- Assessments' Programme

	No. of applications	No. of VIVAs	No. of Pass	No. of Fail	Total on QP register
2020	6	7	5	2	310
2019	10	8	5	3	317
2018	10	7	5	2	344

- QP Symposium

Planning has started for the 2021 QP Symposium. It will be delivered as a virtual event, led by the SRT and organised by the RPS events team, with the Royal Society of Biology responsible for the hosting/chairing of the event. **The QP Symposium has now been deferred until 2022 due to COVID 19.**

- QP Assessments

In November, after being on hold for eight months due to COVID-19, the assessment process resumed in a virtual format, following approval from the MHRA and VMD. The SRT, in collaboration with the Royal Society of Biology and Royal Society of Chemistry, were integral in the development of the virtual assessment SOP.

- Joint Professional Bodies Annual Meeting

The SRT hosted the Joint Professional Bodies annual meeting for QP Assessors in November, with guest speaker from MHRA giving a two-hour update on the impact of Brexit on the role of QP.

Science and Research Committee and Expert Advisory Groups

Meetings held on 1 October and 16 December 2020. Recruitment of new SRC Chair undertaken during December 2020 - new Chair to be formally appointed in January 2020.

- Safer use of Medicines SRC working group

- Contributed to the RPS response to the consultation on an NHS England Framework for Involving patients in patient safety, December 2020.
- Published in the special edition of the International Journal of Pharmacy Practice concerned with Medication Safety, December 2020.
 - Working with the RPS Education Team to develop the Joint Royal College Safer Use of Medicines Education Series, involving four seminars across 2021, across the priority areas of the WHO global patient safety challenge: medication without harm and the NHS medication safety programme to deliver these

- Increasing the evidence for pharmacy SRC working group

- Opinion piece published in the Pharmaceutical Journal - All pharmacists should consider a research fellowship, October 2020. Following the publication of this article, the research team received and responded to a number of enquiries about research fellowships.
- Blog published in the Pharmaceutical Journal - When I hit a wall in my pharmacy career, clinical research was a lifeline, October 2020.

- Antimicrobial Expert Advisory Group

- Supporting the HEE-commissioned AMS training programme (led by the RPS Education Team) launched in October and sold out in 4 days. Training Programme initiated in November. This initiative was shortlisted for an Antibiotic Guardian Award in the Prescribing and Stewardship category and received a 'Highly commended' award.
- Delivered two webinars in November, as part of the World Antibiotic Awareness Week / European Antibiotic Awareness Day (Antimicrobial Expert Advisory Group and Education Team):
 - RPS and UKCPA update: Antibiotic and antifungal use during COVID-19, 5 November 2020 (infection management during the pandemic, such as bacterial co-infection, secondary infections, diagnostic stewardship and Antimicrobial Stewardship).
 - Antibiotic Awareness Week: Hot Topics and Q&A, 12 November 2020 (COVID-19 and sore throat, paediatric respiratory presentations in the pharmacy and update on COVID-19 vaccine).
- Letter sent to the National Institute for Health and Care Excellence (NICE) on behalf of the 'English surveillance programme for antimicrobial utilisation and resistance' membership (including RPS) requesting further guidance around antibiotic prescribing in remote consultations.
- Poster presented at the Federation of Infection Societies / Health Infection Society Conference, November 2020 – '*Antibiotic Guardian Ambassadors Pilot Project for World Antibiotic Awareness Week (WAAW) 2019*' – Poster presented by the Public Health England team.

- Industrial Pharmacy Advisory Group

New IPAG recruited and established and a new Chair appointed in November 2020. First IPAG introduction meeting held on 8 December 2020.

Museum activities

The Museum Officer has continued to promote the museum online due to COVID-19 closures. A second Vlog was produced and published to the website and an online exhibition was developed as part of the 180 years anniversary. The Museum Officer has developed working relationships with other organisations, presenting at AGMs for both the Retired Pharmacist Group and the British Society for the History of Pharmacy. The Museum Officer applied for the Art Fund Response and Reimagine grant and continued to work with the RPG to develop a Friends of the Museum group.

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.

'Pharmacy History' Enquiries on CRM:

History – Profession / Practice	3
History – Society	1
Object Identification	2
Offering Donation	9
People & Premises (family history enquiries)	16
Photo Services	2
Public access enquiry	3
TOTAL	31

Increasing Status and Influence of the RPS - Museum Activities

- Continued to develop a model for a Friends of the Museum group with the Retired Pharmacist Group and presented at the Retired Pharmacist Group AGM on 10th November 2020
- Developed relationship with British Society for the History of Pharmacy by presenting at the AGM on 19th October 2020
- Applied for the Art Fund Respond and Reimagine Grant which was unfortunately unsuccessful
- Recorded and published the second in a series of vlogs exploring the museum collection remotely.
- Developed themes for 180 years of pharmacy:

OPEN BUSINESS

- Wrote and published an online exhibition exploring the 180 years History of the RPS
- Began developing object lists to be added to the website
- Developing an online exhibition exploring women in pharmacy
- Developed an introductory tour of the museum to be filmed in 2021, COVID-19 restrictions permitting.
- Wrote Museum Treasure articles for Pharmaceutical Journal:
 - 09-2020: 'Radium' Buxton Crystal Salts, Circa 1930
 - 10-2020: Bronze Mortar 16th Century
 - 11-2020: Pharmaceutical Leech Jar, Mid Nineteenth Century
 - 12-2020: Botanical Illustration, Citrus Vulgaris, 1880

The Museum Cataloguing project

The Museum Officer was able to access the collection at 66 East Smithfield on five occasions and could photograph and audit the location of 385 objects, and the corresponding catalogue records have been updated.

Additional Shelving has been installed in the basement of 66 East Smithfield so that objects can be transferred from the Martinspeed Offsite Store, as soon as COVID-19 restrictions are lifted.

Social Media

- 14 posts on main RPS Facebook. New RPS Museum page likes: -3 (to **1,822**)
- 14 posts on RPS Twitter (#MuseumMonday). 0 posts on PJ Twitter.

People and Premises

Research orders in progress: 35 (enquiries are currently being held until access to the library is regained).

National Pharmacy Board meeting – 3 February 2021

Title of item	Policy and consultations
Author of paper Position in organisation Telephone E-mail	Heidi Wright, Jonathan Lloyd-Jones, Annamarie McGregor Policy and Practice leads 02075722299 heidi.wright@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 of October 2020 to January 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 on a wide range of areas and issues that affect the profession, to support and advance the work that pharmacists do.

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

Summary of activity /achievements to date

Policy:

- During COVID-19 we have developed a wide range of proactive and reactive policies which can be found at <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-policy-asks>
- In July, following engagement with members on learnings from the pandemic, we developed and published our future policy asks which can be found at <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy#commitments>
- We have had some significant wins on these policy asks throughout 2020 and these can be found <https://www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-policy-asks/policy-wins> and <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy#wins>
- Following our workforce wellbeing survey and our report we have developed policy asks in this area which can be found at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>
- We developed an RPS Scotland Mental Health Policy; Improving care of people with mental health conditions, how pharmacists can help. Six recommendations to enhance existing roles and develop new roles & services of pharmacists in all settings. <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/improving-mental-health-care>
- The RPS developed a policy on [managing medicines shortages](#). We have engaged significantly with patient groups, pharmacy bodies, royal colleges and other key stakeholders to take progress this piece of work

Next steps

Policy:

- The RPS is currently developing a policy on hub and spoke
- The RPS is reviewing and amending its policy on Independent Prescribing
- The RPS is currently developing a policy on Sustainability
- We will continue to develop policies on areas of significance and relevance to pharmacists

Consultations:

During the period of 1 October 2020 to 15 January 2021 we have responded to 13 consultations. These consultations and the policy points for each consultation are attached as **Appendix 1**

The RPS will be responding to the following upcoming consultations

- GPhC: Strategy for how we will manage fitness to practice consultations
- NHS: Clinical Review of Standards
- DHSC: Home use of both pills for early medical abortion
- NICE: Shared decision making

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.

The following consultations have been responded to by the RPS
Time period: 1 October 2020 – 15 January 2021:

Welsh Government: Welsh Language Standards for healthcare regulators and the Professional Standards Authority

Key policy points:

- Support for the proposed standards that further strengthens the right of people to use the language of their choice when interacting with the health service in Wales.
- Agreement that the standards struck the right balance between supporting people to live their lives through the medium of Welsh whilst being in proportion to the functions and structures of the regulatory bodies.

All Wales Therapeutic and Toxicology Centre: Shared Care Prescribing and Monitoring Guidance

Key policy points:

- Utilising the knowledge and expertise of pharmacists in all sectors to support shared care arrangements
- The need for read and write access to patients' medical notes for all pharmacists in all settings.
- Shared care agreements should be developed on a once for Wales basis to avoid duplication wherever possible
- Development of standardised communication to encourage multi-disciplinary teamwork to support the patient.

NICE: Supporting Adult Carers

Key policy points:

- Utilising community pharmacists to identify carers, refer them to support services and ensure they are identified as a carer at their GP surgery has proven to work.
- Carers should be included in the decision making and care planning for the person they care for, with the person's consent.
- The guidance should provide some clarity on the issue of confidentiality so healthcare professionals are able to share information, particularly around medicines, with carers as carers are often the ones ensuring that the patient takes their medicines
- Using community pharmacists to ensure carers receive a flu vaccination, thereby enabling them to continue in work, education or training, as well as continue to undertake their caring duties, has worked in practice and needs to be encouraged
- Now that virtual consultations are more common there is value in pharmacists supporting carers and care receivers with their medicines and

questions and having conversations with both the carer and the care receiver at the same time

The National Confidential Enquiry into Patient Outcome and Death: Transition from child to adult health services

Key policy points:

- As medicines are often a central issue when care is transferred from paediatric to adult services, it is important that medication information is included in the young person's treatment plan and clearly documented in the patient's record.
- RPS fully recommends therefore that medication management, monitoring and review must be a key component in planning arrangements to facilitate successful transfers of care
- We recommend that a medicines section should be incorporated into a 'Medical Passport' that moves with the individual between services
- Young people should also be empowered to take greater control over their medication by learning more about self-management, setting up medication reminders/alarms etc. Pharmacy teams must play an important role in this as part of multidisciplinary approaches to care
- Digital solutions are needed to ensure the appropriate transfer of information between professionals, and between professionals and young people

UK Government: VAT and the Public Sector Reform: Reform to VAT Refund Rules

Key policy points:

- The RPS supports the intent of the suggested reform to a full refund model for VAT to even out disparities around the current VAT rules.
- Any changes to services that are made following the suggested VAT reforms must be based on the following key principles:
- Improved patient care
- Better value for money
- Ability to provide improved access to medicines wherever the patient needs are.
- In terms of community pharmacy, the government should commit to creating a level
- playing field for community pharmacies as a business providing NHS primary care services. This would include removing the inconsistent VAT treatment applied to health services delivered by different healthcare professionals.

DHSC: Serious Shortage Protocols – 12 month review of the policy

Key policy points:

- Pharmacists have a professional responsibility to support patients with their medicines, including when there is a national shortage. They are the trained experts in medicines and their use
- We recommend a proposal to changes in medicines legislation that would negate the need for SSPs, apart from situations where a therapeutic substitution is required
- Legislation should be amended to allow pharmacists to make minor amendments to a prescription, without a protocol, when a medicine is out of stock

Welsh Government: A digital special health authority for Wales

Key policy points:

- Support and confidence that the proposed functions and board structure will lead to the digital agenda having a greater prominence within health and social care services and will lead to improved patients care and experience.
- Cited the profession's long term vision document, Pharmacy: Delivering A Healthier Wales and emphasised its focus on digital and technology.
- Welcomed the focus on improving the digital skills of the entire health and social care workforce and emphasised that collaboration with professional bodies will be paramount.
- Highlighted the excellent work carried out by staff of NWIS to help advance the digital infrastructure of pharmacy within Wales in recent years and called for further resource to support the work of the small team with pharmacy expertise within the new health authority.

NICE: End of Life care Quality Standard

Key policy points:

- Emphasised the importance that systems are in place so that pharmacists across all sectors are informed when any of their patient receives a palliative diagnosis and stated that the onus to inform professionals about a diagnosis should not fall to a patient/carer.
- Similarly, stressed that when an advance care plan is in place, sharing this with the pharmacy team would help to ensure that persons and their families have increased access to support from the pharmacy team and that decisions about their medicines can be discussed.
- Stated that pharmacists should be embedded in all multidisciplinary palliative care teams to input expertise on prescribing, deprescribing and use of medicines.
- Emphasised the need for patients/carers to benefit from systems and practitioners that make sure the process of obtaining medicines, including urgent controlled medicines, is as easy and timely as possible.

Scottish Government: Digital Strategy for Scotland

Key policy points:

- Prioritise the development of a single record held in a data cloud. This “single source of truth” would involve all health and social care professionals having read and write access to the same single source.
- Community pharmacies and other primary care contractors are currently excluded from full access to Microsoft Office 365 and this needs to change.
- For governance and safety, we also called for individual pharmacist working in community to receive emails instead of current “premises” based email address.
- It is a dangerous anomaly that community pharmacists do not have read-write access to the data they require. This needs to be addressed urgently.
- The development of a digitally skilled and capable work force will also require significant time commitment and backfill for practising professionals.
- We are aware that some NHS contractor multiple pharmacies have internet policies that prevent access to some NHS sites/tools. NHS Scotland should have a defined list of permitted sites/tools that NHS contractors should be required to make accessible to all professionals working under an NHS contract.
- Asynchronous communication and live chat tools for communication between patients and health care professionals should be universally available and used by all.
- More needs to be done to understand why it has been difficult for community pharmacy to use Near Me and provide support to enable use.
- Electronic transfer of prescriptions must be enabled but this should be undertaken within a wider transformation to support remote consultations and service delivery in pharmacies.
- Hospital Electronic Prescribing and Administration (HEPMA) systems stop at the hospital door and should be integrated into community based care settings. Work is needed to maximise the use of data from HEPMA to improve prescribing and medicines safety.
- Digital improvements are needed to the hospital discharge medicines supply process, including community pharmacy access to the Immediate Discharge Letter and enabling supply of medicines by community pharmacies,
- Universal use of electronic medicines administration records (eMARs) in social care settings, including care homes and care at home services enabled and resourced.

Scottish Government: Future Arrangements for Early Medical Abortion

Key policy points:

- Based on information available, women seem well supported by the clinical specialists providing this service. The service runs well and it provides quicker access and more choice for women. It would be clinically appropriate to continue with the arrangements based upon the experience to date.
- The safe and effective use of medicines should underpin these arrangements. This includes mifepristone, misoprostol and analgesia, as well as anti-emetics, prophylactic antibiotics and ongoing contraception where used. It is essential that all services have clear arrangements in place for confirming each medicine, is appropriate and safe for an individual patient.
- It is essential that women receive 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.
- We are aware that national guidelines are in place and recommend that they are regularly reviewed and changed as appropriate based on good practice or in response to a safety incident.

PHE: Review of NHS Healthchecks

Key policy points:

- Mental health is a key area which could be incorporated into the programme: A standardised set of questions would be needed and a robust set of options for advice, referral and signposting, but this could significantly support this growing challenge.
- The current age restrictions are tailored for the current risk factors being identified. However, having a fixed age range can limit the benefits this check can give even with the current conditions, e.g. trends in early onset diabetes diagnosis.
- Community pharmacy need to be integrated into the NHS health check clinical pathway to enable this true potential to grow.
- Interoperability of computer systems enabling transfer of information between external provider systems and the primary care record need to be improved, thereby reducing the amount of work and risk of errors when transcribing health check observations into the primary care record.
- We believe that NHS Health Checks should be delivered more commonly in community pharmacy.
- There needs to be more of a focus on the prevention elements of NHS Health Checks in comparison to the detection aspects.
- Potential improvements:

- A structured pathway for patients to be referred into community pharmacy in addition to opportunistic identification
 - National commissioning/provision to ensure consistency of the service across the sector and wider health system
- Behavioural insight theory could be further incorporated into the NHS Health Check programme as a simple and cost-effective method to change patient behaviour.
- Further consideration of how the third sector could be utilised to support the programme, whether through support with recruitment/targeting, or subsequent intervention delivery (e.g. relating to social prescribing) could be given.
- Support for pharmacist independent prescribing in community pharmacy
- Joint pathway of care between Community pharmacy and GP practice
- Pharmacy shared (read/write) access to the clinical record
- Integration of 'patient coaching/education' into NHS health checks more formally.

NICE: Workplace Health: Long-term sickness absence and capability to work

Key policy points:

- High level response to indicate our support for the proposed quality statement, particularly in light of the likelihood of continued high rates of long term sickness absence among the whole population as a result of 'Long Covid' and mental health issues related to Covid-19 and its effects.
- Highlighted our mental health and wellbeing survey results and ongoing work.

NHSE/I: Building a strong Integrated Care System

Key policy points:

- We support the need for greater collaboration between healthcare partners at an ICS level which will enable stronger partnerships to form and empower more inclusive local commissioning landscape
- There will need to be further discussions and greater clarity on the role of ICS as potential commissioners of primary care services to ensure that the current services, future planned services and the increasing role of pharmacy in the provision of services are maintained and maximised, to the benefit of patients, the public and the NHS.
- Pharmacists have a role in strategic commissioning, clinical leadership, provision of specialist clinical expertise and provision of services
- There should be a degree of local flexibility in ICS membership and governance. However, experience of local NHS bodies has shown that pharmacy struggle to have a voice in an unstructured governance framework. Inclusive pharmacy representation that reflects the pharmacy workforce across primary and secondary care is critical and must be a part

of this. Primary care providers struggle with representation too particularly those from pharmacy, dentistry and optometry

- Assurances need to be given that the principle of patient choice which applies to NHS services, including genuine choice of which service provider to use, without any system incentive, is maintained.

National Pharmacy Board meeting – 3 February 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	External.relations@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement between October 2020 and mid-January 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	Engaging with key stakeholders in a fast-moving policy environment during COVID-19.
Resource implications	None over and above staff time

Public Affairs Update

Background

COVID-19 continues to be a key focus for public affairs, with RPS engaging with governments, the NHS and key stakeholders across GB as we look to support the profession during COVID-19.

Summary of activity /achievements to date

- The COVID-19 vaccinations programme received significant political and media interest in January. We continue to engage with political parties on the role of pharmacists across hospital, primary care and community settings to support the COVID-19 vaccination roll-out.
- The All-Party Pharmacy Group published a report calling for greater support for pharmacy during COVID-19, informed by interviews with key stakeholders and 1,600 responses to a survey of pharmacy teams.
- The RPS had a constructive meeting with officials from the Department of Health and Social Care in December, alongside GP and pharmacy bodies, following our joint letter with RCGP, BMA, the GB community pharmacy negotiators and National Voices, which called for pharmacists to be enabled to make minor changes to a prescription when a medicine is out of stock.
- We continue to engage with relevant Parliamentary inquiries, including highlighting our wellbeing survey in written evidence to the Health Committee inquiry on burnout.
- The Scottish Green Party lodged a motion on pharmacists' mental health and wellbeing, recognising the RPS survey, which gained cross-party support from MSPs.
- We developed a [Scottish](#) Manifesto for the Parliament elections due to take place in May. The Manifesto has been shared with key stakeholders across pharmacy and health sectors and meetings have been held with the Scottish Lib Dems, Scottish Conservatives and Scottish Greens to encourage parties to include the asks in their own manifestos. Our Director for Scotland took part in a health fringe event by Holyrood Magazine at the SNP Conference.

In December, the 24 Days of Pharmacy campaign on social media highlighted the varied roles that pharmacists undertake and raised awareness of our manifesto. This campaign culminated in a video message on Day 24 from

pharmacy and health leaders which gained over 3000 views and earned over 21,000 impressions. Overall, in December our Twitter activity earned over 241,000 impressions. We will continue to promote the role of pharmacy throughout 2021 alongside highlighting our manifesto asks.

We will continue to engage with political parties and prospective candidates, and raise awareness of our manifesto asks. Once the election is concluded, our focus will move to working with the new Scottish Parliament to continue to promote the vital role of pharmacists and pharmacy in Scotland.

- We have developed a [Welsh Manifesto](#) for the election to the Welsh Parliament, due to take place in May 2021. This has taken account of the learnings to date from the pandemic. The following steps have been taken to amplify the voice of the pharmacy profession in manifesto developments in Wales:
 - The manifesto has been shared with the main political parties in Wales.
 - Key issues for the pharmacy profession have been promoted at manifesto round-table events with the Welsh Conservatives and Plaid Cymru.
 - The manifesto leads for each of the main parties have been approached for one-to-one virtual meetings. To date meetings have been held with the lead for the Welsh Conservative Party and responses to invitations to meet with Plaid Cymru and the Welsh Labour Party are being followed up.
 - Discussions undertaken with other stakeholders to explore common ground for joint campaign approaches. To date the potential for joint campaigning on electronic prescribing solutions and managing medicines shortages has been agreed with RCGP Wales and BMA Cymru Wales.
 - Work with the Welsh NHS Confederation Policy Forum has provided opportunities for promoting RPS Wales' key asks in discussion with other stakeholders. RPS Wales also inputted into and endorsed a manifesto from a broad coalition of health and social care stakeholders to influence the political party manifesto preparations.
 - Social media is being used to amplify our calls to action to RPS members, the wider profession, and other key stakeholders.
 - We'll continue to promote the calls to action for the next election. This will include pursuing meetings with politicians and party staff involved in the manifesto development process, engaging with candidates for the election, working with other royal colleges, and promoting the calls to action through social media. A virtual hustings session with other royal colleges will also be explored as will the potential of working closely with RPS members to promote the manifesto for pharmacy in their electoral constituencies.

Next steps

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