

## ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 20 September 2023 at 9.00am at Newcastle University

### Present:

#### English Pharmacy Board

Erutase (Tase) Oputu (TO) (Chair), Brendon Jiang (BJ)(Vice Chair), Danny Bartlett (DB), Emma Boxer (EM), Sibby Buckle (SB), Alisdair Jones (AJ), Sarwat (Sorbi) Khattak (SK), Ewan Maule (EM), Michael Maguire (MM), Paul Summerfield (PS)

### In attendance:

#### RPS Staff

Clare Thomson (CT), CPhO Fellow to the RPS, James Davies (JD), Director for England, Yvonne Dennington (YD) Business Manager, England, John Lunny (JL), Public Affairs Lead England, Heidi Wright (HW), Practice and Policy Lead for England, Neal Patel (NP), Associate Interim Director PMED, Tammy Lovell (TL), PJ Correspondent

#### Apologies

Adebayo Adegbite (AA),  
Claire Anderson (CA),  
Ciara Duffy (CD),  
Thorrun Govind (TG),

<b>23.09.EPB.01</b>	<b>Welcome and Apologies</b>  The Chair welcomed board members and staff to the meeting.  Two new members of staff were introduced:-	
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	<ul style="list-style-type: none"> <li>• Clare Thomson – CPhO Clinical Fellow for 2023-2024</li> <li>• Tammy Lovell – PJ Correspondent (taking over from Corrine Burns)</li> </ul>	
<b>23.09.EPB.02</b>	<p><b>Apologies</b> Apologies were received from Adebayo Adegbite (AA), Claire Anderson (CA), Ciara Duffy (CD), Thorrhun Govind (TG),</p>	
<b>23.09.EPB.03</b>	<p><b>Declarations of Interest</b></p> <p>The EPB noted paper 23.09.EPB.03.</p> <p>SK updated her interests in advance of the meeting and PS updated his at the meeting. <b>Action 1</b> Declarations will be updated accordingly by YD</p>	
<b>23.09.EPB.04</b>	<p><b>Minutes and matters arising</b></p> <p>The following minutes of the meetings held on 20 and 21 June 2023 were accepted as a true and accurate record.</p> <p>23.09.NPB.04 – Approved by Sibby Buckle and seconded by Ewan Maule 23.09.EPB.04 (a) (20 June) – Approved by Sibby Buckle and seconded by Ewan Maule 23.09.EPB.04 (b) (21 June) - Approved by Brendon Jiang and seconded by Paul Summerfield</p> <p><b>Actions for 23.09.NPB.04 Action 1</b> – Item Closed. HW reported that a working group had not been set up for IP as there were few responses from the Boards, it was therefore decided to circulate the policy statement to all board members for comments. This issue will be discussed further in the agenda item on PP (IP) in the meeting.</p> <p><b>23.09.EPB.04 (a) Action 1</b> – item Closed – This was discussed at the National Pharmacy Board Chairs' Forum where it was understood that all boards do have the discussion</p>	

	<p>regularly regarding whether the boards comprised of the sectoral spread that was needed to address workplans. There is no requirement for this item to be discussed at Assembly</p> <p><b>23.09.EPB.04 (b) Action 23.02.EPB.06 Action 2</b> – Item closed – this is now business as usual and lobbying continues for read/write access.</p> <p><b>Action 23.02.EPB.06 Action 4</b> – item closed the slide is now on the website.</p> <p><b>23.02.EPB.05 Action 1</b> – item remains open – this item was put forward to HEAG – JD to follow up on output.</p>	
<b>23.09.EPB.05</b>	<p><b>Professional Leadership</b></p> <p>JD gave an update on behalf of Paul Bennett and Claire Anderson who gave apologies for this meeting.</p> <p>Paul Bennett and Claire Anderson released a blog to the membership and the CPhOs which set out the RPS' views and concerns with recommendations and suggestions on how the new chair will engage. An announcement of the Chair of the Council is eagerly awaited.</p>	
<b>23.09.EPB.06</b>	<p><b>Membership</b></p> <p>NP presented this item.</p> <p><u>Pharmacist Prescribing (IP)</u></p> <p>NP spoke about the opportunities presented for the RPS regarding pharmacist prescribing (IP). He said that he could already see that attitudes amongst students were changing and teaching methods were changing in preparation for the 2026 cohort who will finish their MPharm degree as prescribers. There is much work for the RPS to consider regarding policy work, upskilling the legacy workforce and clinical supervision especially for the foundation year.</p> <p>A formal proposal for the future of membership will be going to the Assembly in November for approval.</p>	

	<p>It is hoped to launch the new pharmacist prescribing web page at the conference where all information relating to pharmacist prescribing will be located.</p> <p><u>RPS Conference – 10<sup>th</sup> November</u></p> <p>At the joint Board meeting on 9<sup>th</sup> November there will be a filming opportunity for board members to present their representative and leadership roles to the membership to encourage greater engagement with the work of the country boards.</p> <p>There will be a RPS stand at the conference where board members can engage with RPS members on the visions for pharmacy, alongside talking about fellowships and pharmacist prescribing. Board members suggested that a one page flyer with a QR code would be beneficial for them and members.</p> <p><b>Action 2:</b> NP to follow up with Country Directors regarding the needs and requirements for the conference networking stand including flyers.</p> <p>There was some further discussion from board members on pharmacist prescribing and how the RPS was planning on supporting DPPs and ensuring trainees are prepared for the foundation year. Reference was made to the PJ roundtable where some of these issues were discussed. All board members were encouraged to read the PJ report on the roundtable.</p> <p><b>Action 3:</b> JD to circulate a link to the PJ report.</p> <p><u>Learning support fund</u></p> <p>JD said that there had been a recent government announcement about an increase to the Learning Support Fund for healthcare students. Currently pharmacy students are unable to access this fund. JL is currently preparing a letter to be sent to the Minister suggesting that pharmacists are included.</p>	
<p><b>23.09.EPB.07</b></p>	<p><b>Pharmacy Manifesto</b></p> <p>The English Pharmacy Board noted paper 23.09.NPB.07 (circulated to all board members in E/S/W)</p>	

There is an expectation that there will be a General Election before January 2025. Political parties are busy pulling together their manifestos.

The paper sets out a number of questions for consideration which includes the suggestion that Team England lead on this piece of work. The EPB were in agreement with this suggestion as it is a Westminster Election and healthcare is devolved to the nations.

There was some discussion on the effectiveness of lobbying MPs, with the view being put forward that if you do not have a voice then you will not be heard. The RPS needs to continue to build on the work it has done over the past decade with parliamentarians.

The suggestion of working with pharmacy organisations and other health care bodies on a joint manifesto or developing supporting statements was discussed and there was some appetite for this way forward.

DB explained that he will be attending a roundtable with MPs – he is happy to write a blog for members on his experience once this has happened.

Other points raised for consideration when working on the manifesto were:-

- To reference the RPS Visions for pharmacy practice throughout
- RPS Members contacting and lobbying their MPs – make it easy for members by developing templates and giving guidance
- Having 3 clear, strong messages – possibly including Funding/ IP/ Integration/ Interoperability/ Workforce
- Setting up a working group to develop the proposals
- Use the up coming party conferences to lobby

The Chair concluded the item by saying that this is an important time – we need to grasp the opportunity, showing leadership by being vocal and active.

**Action 4:** JL and JD to do some further work on manifesto and present again at the meeting on 9<sup>th</sup> November

	<p><b>Action 5:</b> All board members to submit their ideas for inclusion into the manifesto by 9th October</p> <p><b>Action 6:</b> DB has roundtable with MPs – to write a blog for members on his experience after the roundtable.</p>	
<p><b>23.09.EPB.08</b></p>	<p><b>PGDs for Pharmacy Technicians</b></p> <p>The English Pharmacy Board noted paper 23.09.NPB.08 (circulated to all board members in E/S/W)</p> <p>JD introduced the item saying that we are looking to form a consensus view across the three pharmacy boards to obtain a GB position on pharmacy technicians being able to supply and administer medicines under a PGD and an agreement from the board on the draft policy statement as set out in the paper. This will aid the response to the consultation which closes on 29 September 2023.</p> <p>Some board members were clearly in favour of the change and very supportive of skill mix and not putting barriers in the way of progress whilst others raised some concerns :-</p> <ul style="list-style-type: none"> <li>• The level of training and experience for pharmacy technicians – there was a counter argument to this that training is comprehensive</li> <li>• Accountability and who is accountable if something goes wrong</li> <li>• It was discussed that accountability still sits with the Responsible Pharmacist in community pharmacy settings</li> <li>• Resilience training – in order for pharmacy technicians to be able to push back and be comfortable with saying no</li> <li>• Responsible pharmacist needs to ensure Pharmacy Technicians are fully trained and have clearly defined protocols for PGDs</li> <li>• Concerns that the private sector will take advantage</li> <li>• Pharmacy Technicians need to be trained in depth with clinical decision making</li> <li>• Pharmacists train for 5 years – Pharmacy Technicians train for 2 years – clinician versus technician and which PGDs are appropriate as a result</li> <li>• Need a clinician for the interpretation of data</li> <li>• This is about releasing capacity rather than replacing pharmacists</li> </ul>	

	<ul style="list-style-type: none"> <li>• There is a large contingent that do not know what PDGs are – signpost in statement to an explanation</li> </ul> <p>It was agreed that a revised version of the statement will be circulated which includes some of the concerns raised. The Chair will be responsible for signing off the statement.</p> <p><b>Action 7:</b> Revise statement and recirculate.</p>	
23.09.EPB.09	<p><b>Update on the Vision for Pharmacy Practice in England</b></p> <p>JD presented slides at the meeting which will be circulated after the meeting. <b>(Action 8)</b>.</p> <p>An implementation group has not been set up as it was decided to use the Board and the expert advisory groups.</p> <p>There was a clear recommendation to work with ICBs. The Vision document has been shared with the Chairs of the ICBs and a couple of groups have been set up. For example the ICS leaders' forum and the CPCL forum and are both working well.</p> <p>JD went through the delivery recommendations and highlighted the work that is ongoing under these recommendations.</p> <p>Community Pharmacy England released their vision on 19<sup>th</sup> September 2023 and there is synergy between the two visions.</p> <p>JD said he was looking for a steer from the EPB regarding prioritising the 19 delivery recommendations.</p> <p>There was some discussion with the Board and some of the points raised were:-</p> <ul style="list-style-type: none"> <li>• Good to focus on a few big priority areas as 19 recommendations is too many to focus on at the same time</li> <li>• Although RPS did not win the contract for DPP training, training in this area is still being offered by the RPS in collaboration with the RCN and the RPS continues to champion this</li> </ul>	

	<ul style="list-style-type: none"> <li>• What would we want an implementation group to do? – It was discussed that Lobbying is currently covered with the work of the APPG.</li> <li>• We could be more proactive in the areas of funding, career progression, pharmacy technicians and workforce strategy.</li> <li>• Need a pharmacy workforce strategy.</li> <li>• Make greater use of the Expert Advisory Groups</li> <li>• ICS Leaders are key to making this happen and this needs more proactive engagement.</li> </ul> <p>The Chair said that workforce is clearly a priority, and the board needs to work on prioritising two more areas. JD said that the planning the team have done for 2024 may help with this.</p> <p><b>Action 9:</b> Circulate list of Expert advisory groups and the board leads for these groups including future dates</p> <p><b>Action 10:</b> Working with the ICBs leaders forum to create some more proactive engagement with ICBs on the Vision and commissioning of community pharmacy services.</p> <p><b>Action 11:</b> JD to add to the vision progress slides a column which states which organisation/group the RPS are collaborating with and re-share.</p>	
<p><b>23.09.EPB.10</b></p>	<p><b>2024 Planning for the EPB</b></p> <p>The EPB noted paper 23.09.EPB.10.</p> <p>JD introduced this item saying that the budgeting process for 2024 will commence in August and will be approved by the Assembly in November. The workplan for the country teams will be presented as part of the overall budget.</p> <p>There was some discussion around the priority areas for 2024 and JD highlighted two areas that did not map to the vision but were important and on which he needed a steer from the Board:-</p> <ul style="list-style-type: none"> <li>• The impact of AI and what this means for pharmacy practice</li> </ul>	



	<ul style="list-style-type: none"> <li>Challenges of medicines shortages</li> </ul> <p>The Board thought that these two areas could not be ignored and gave some suggestions on how the work could be done, perhaps by the Science and Research team, and there were questions around the work being GB or England focussed.</p> <p>There was quite a lot of discussion on DPPs and whether the RPS should hold a register of DPPs and also the training of the legacy workforce in relation to pharmacist prescribing.</p> <p><b>Action 12:</b> A “one year on” update on the Vision is planned to be presented at the first board meeting in 2024.</p>	
23.09.EPB.11	<p><b>New Engagement Model</b></p> <p>JD gave an update on the New Engagement Model. Amandeep Doll, Head of Professional Belonging and Engagement, will lead this workstream and is currently recruiting for 3 Engagement Leads:-</p> <ul style="list-style-type: none"> <li>North of England and Scotland</li> <li>West of England and Wales</li> <li>Rest of England</li> </ul> <p>These positions will be on a 3 day a week basis and interviews will take place in the next couple of weeks.</p> <p>The Engagement Leads will be supported by the current cohort of Ambassadors.</p> <p>It is anticipated the team will cover many more events and present to pharmacy students.</p> <p>The EPB were supportive of these new roles but raised some concerns that the geographical areas were very large for 3 people to cover on three days a week.</p>	
23.09.EPB.12	<p><b>Pharmacist Prescribing (IP)</b></p> <p>HW introduced this item and agreed to circulate the slides after the meeting (<b>Action 13</b>)</p>	

Marcia Reid, Project Manager and pharmacist has been engaged by the RPS to lead on the prescribing proposition for RPS members. The overall aim is for 50% of prescribers who are registered with the GPhC to be members of the RPS by 2025.

Prescribing support on the website will be tailored to the different pharmacist personas. The website is currently being upgraded and all prescribing information will be located in one place and easy to find. Once the website is launched feedback from the board will be welcomed.

There will be a professional support line dedicated to prescribers.

New board policies will need to cover:-

- The separation of prescribing and dispensing
- Clinical supervision
- Prescribing remotely

The main focus for the project team currently is to get the website up and running and it is hoped that this will be ready in time for launch at the RPS Conference.

DB asked whether we could consider a series of further debate events at other School of Pharmacy around the country.

#### Separation of prescribing and dispensing policy

A draft position statement has been developed and circulated to all three boards. The team are now engaging with wider stakeholders, in particular the RCN as we have joint guidance with them which will be affected.

We will be developing supporting professional guidance to sit alongside the statement e.g. undertaking risk assessment as part of the process.

We will publish the amended position statement and draft guidance in due course when we have the support of other organisations.

	<p>Discussion continued with the Board and some of the points raised were:-</p> <ul style="list-style-type: none"> <li>• What is our USP - the quality of what we offer</li> <li>• RPS should signpost to DPP training – making it easier for members to find training providers</li> <li>• Why are we targeting only 50% of those with IP qualifications?</li> <li>• RPS should be the gateway to IP</li> <li>• DPP seems to be a barrier – what can RPS do to make it easier?</li> <li>• How will foundation trainees find a DPP?</li> </ul> <p>It was discussed that there needed to be greater clarity for the board on what is going to happen for those students that graduate as prescribers and undertake a foundation placement. How will these students access a DPP. The board required more clarity for providers and students. This should be discussed with the GPhC (<b>Action 14</b>)</p>	
23.09.EPB.13	<p><b>Papers for noting</b></p> <p>The EPB noted the following papers 23.09.NPB.13</p> <ol style="list-style-type: none"> <li>i. Science &amp; Research update</li> <li>ii. Education update</li> <li>iii. Policy and consultations</li> <li>iv. Public Affairs</li> <li>v. Sustainability</li> <li>vi. Pharmacogenomics</li> <li>vii. Inclusion &amp; Diversity</li> <li>viii. Workforce wellbeing</li> <li>ix. Marie Curie Daffodil Standards</li> </ol> <p>The Chair acknowledged the amount of work that goes into producing these papers and thanked the teams.</p>	
23.09.EPB.14	<p><b>Any other Business</b></p> <p><u>Dates and Frequency of Future meetings</u></p> <p>Currently the planning and budgeting process is considering 5 board days in 2024.</p>	

	The EPB would like to see the frequency of meetings increased to include development days and more discussion on policy making. In keeping with pre-covid times where boards met for 2 days per quarter. AJ cautioned that affordability may be an issue, but that representations should be made to Assembly to that effect.	
<b>23.09.EPB.15</b>	<b>Dates of Next NPB/EPB meetings</b> 9 <sup>th</sup> November – face to face in London (day before RPS conference) Dates for 2024 are still to be finalised.	
<b>23.09.EPB.16</b>	<b>Close of meeting at 14.15pm</b>	

### Action List

Item	Action	By Whom	Open/Closed/Comments
<b>23.09.EPB.03</b>	<b>Action 1:</b> Update Declarations of Interest	<b>YD</b>	<b>Closed</b>
<b>23.09.EPB.06</b>	<b>Action 2:</b> NP to follow up with Country Directors regarding the needs and requirements for the conference networking stand including flyers.	<b>NP/Country Directors</b>	<b>Open</b>
<b>23.09.EPB.06</b>	<b>Action 3:</b> JD to circulate a link on the PJ roundtable report.	<b>JD</b>	<b>Closed</b>
<b>23.09.EPB.07</b>	<b>Action 4:</b> JL and JD to do some further work on manifesto and present again at the meeting on 9 <sup>th</sup> November	<b>JD/JL</b>	<b>Open</b>
<b>23.09/EPB.07</b>	<b>Action 5:</b> All board members to submit their ideas for inclusion into the manifesto by 9 October	<b>All board members</b>	<b>Open</b>
<b>23.09.EPB.07</b>	<b>Action 6:</b> DB has roundtable with MPs – happy to write a blog for members on his experience	<b>DB/JL</b>	<b>Open</b>
<b>23.09.EPB.08</b>	<b>Action 7:</b> Revise statement on Pharmacy Technicians and PGDs and recirculate.	<b>JD/HW</b>	<b>Open</b>
<b>23.09.EPB.09</b>	<b>Action 8:</b> Circulate vision slides	<b>JD</b>	<b>Closed</b>
<b>23.09.EPB.09</b>	<b>Action 9:</b> Circulate list of Expert advisory groups and the board leads for these groups	<b>JD/YD</b>	<b>Closed</b>
<b>23.09.EPB.09</b>	<b>Action 10:</b> ICBs and commissioning of community pharmacy – need more proactive engagement	<b>JD/EM</b>	<b>Open</b>

<b>23.09.EPB.09</b>	<b>Action 11:</b> JD to add to the vision progress slides a column which states which organisation/group the RPS are collaborating with and re-share.	<b>JD</b>	<b>Open</b>
<b>23.09.EPB.10</b>	<b>Action 12:</b> A one year on update on the Vision is planned to be presented at the first board meeting in 2024.	<b>JD</b>	<b>Open</b>
<b>23.09.EPB.11</b>	<b>Action 13:</b> Circulate PP (IP) slides	<b>HW</b>	<b>Closed</b>
<b>23.09.EPB.11</b>	<b>Action 14:</b> Discuss how foundation trainees access a DPP with GPhC	<b>JD/TO</b>	<b>Open</b>
<b>23.02.EPB.05</b>	<b>Action 1:</b> Advanced Clinical Checks needs to be discussed by the HEAG – put on their agenda	<b>WT/JD/HW</b>	<b>Open – 20/09 – JD to follow up on output from HEAG</b>