

Coronavirus APPG

The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain.

The COVID-19 pandemic has highlighted the essential work of pharmacists, pharmacy technicians and pharmacy support staff in supporting the nation's health and ensuring the public can continue to access medicines safely.

Pharmacy is the third largest health profession and pharmacists, at the height of the COVID-19 pandemic, remained one of the few healthcare professionals the public could see for face-to-face advice and support without an appointment. Their expertise in all aspects of medicines, monitoring and treatment of long-term conditions, and supporting palliative and end of life care has proved invaluable. The lessons learned on better working together and improved clinical care must not be lost as we move to a 'new normal'.

On 22 July, after widespread engagement with the profession and stakeholders, we published a set of principles based on learnings from the pandemic response and how the pharmacy profession can support patients and the health service in future.¹

Supporting pharmacists and their teams to deliver safe and effective patient care has been the immediate priority for the RPS during the pandemic. We are continuing to engage with the profession and stakeholders on the potential impact of COVID-19 for the longer-term and would be happy to speak to the APPG in more detail.

Key issues

- Supporting the pharmacy profession to deliver safe and effective care, including PPE, testing, risk assessments for BAME staff, funding and suspending prescription charges.
- How pharmacists and other health professionals should continue to feel supported by regulators to do the right thing for patients.
- Collaboration and engagement with government and NHS, and increased recognition of pharmacy teams.
- Importance of more integrated services, public health and prevention and utilising pharmacists' clinical skills to help meet future demands on the health service.
- Investment in digital technology, including the need for "interoperability" of clinical records to support patient care.
- Role of pharmacists supporting medicines safety and needs of discharged hospital patients.
- Medicines delivery, including for vulnerable groups who are shielding.
- Future planning to ensure patient access to medicines.
- Developing and supporting the workforce.

Supporting safe and effective care

1. Pharmacists and their teams have been on the frontline supporting the health service during COVID-19 and doing their best to make sure everyone gets the medicines and healthcare advice they need. Ensuring pharmacy teams are able to continue working safely and

¹ www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy

effectively across care settings to deliver patient care has been, and remains our paramount concern.

2. It became clear that, despite advice to stay at home, some members of the public with COVID-19 symptoms or living with someone who had symptoms, were still going to their local pharmacy. While the public were not initially required to wear face coverings in pharmacies, unlike when visiting hospitals, this would later change.² We heard of cases where community pharmacists and their teams contracted the virus and had to self-isolate, highlighting the urgent need to protect all those working on the frontline, including through access to appropriate Personal Protective Equipment (PPE) and COVID-19 testing.
3. Sustainable access to adequate PPE was a significant issue for pharmacy, wider health professions and beyond. 34% of pharmacists responding to an RPS survey said they were unable to source continuous supplies of PPE.³ The Healthcare Distribution Association warned on 29 April that stocks of Public Health England PPE masks supplied to pharmacies had “almost completely run out”.⁴ PHE would revise its guidance on PPE, describing it as “a pragmatic approach for times of severe shortage of respiratory protective equipment”. Large pharmacy chains have purchased their own PPE rather than rely on central procurement, but smaller pharmacies are less able to manage, chasing down suppliers and absorbing additional costs.
4. This challenge may be here to stay for the foreseeable future and demand for PPE may further increase as health and care services resume post-lockdown. Teams must be safeguarded if pharmacy services are going to be able to continue to function. Whilst recognising the importance of social distancing, 94% of respondents to our survey said they were unable to maintain two-metre social distancing from other staff in their workplace. Future guidance on social distancing and use of PPE must recognise the operating environment for pharmacy teams, including planning for provision of services such as flu or COVID-19 vaccinations.
5. The COVID-19 pandemic presents various health challenges for a wide range of communities across the UK. However, evidence emerged of a specific serious impact for Black, Asian and Minority Ethnic communities. Results from a survey from the RPS and the UK Black Pharmacists Association in June found that more than two-thirds of Black, Asian and Minority Ethnic (BAME) pharmacists and pre-registration pharmacists across primary and secondary care had not yet had access to COVID-19 risk assessments, nearly two months after the NHS said they should take place.⁵ The NHS subsequently called for employers to urgently take measures to conduct risk assessments.⁶
6. Patient groups and the pharmacy profession reunited in calling for a pause in prescription charges for patients in England during the COVID-19 pandemic. The collection of prescription charges, during a time of added pressure, is both an infection control risk and a bureaucratic burden on potentially depleted pharmacy teams. With the Secretary of State for Health and Social Care calling for an end to unnecessary bureaucracy, this is one transmission risk factor

² www.rpharms.com/about-us/news/details/RPS-calls-for-face-covering-measures-to-be-extended-across-all-healthcare-settings

³ www.rpharms.com/about-us/news/details/Pharmacists-unable-to-maintain-social-distancing-at-work-and-risk-infection

⁴ hda.uk.com/hda-news/hda-statement-regarding-availability-public-health-england-supplied-ppe-community-pharmacy

⁵ www.rpharms.com/about-us/news/details/Urgent-action-needed-on-BAME-risk-assessments

⁶ www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0625-risk-assessments-for-at-risk-staff-groups-letter.pdf

that can be avoided, and may even save lives. This would also support people struggling to cope with reduced incomes.

7. The RPS and others across the profession continue to call for fair funding in the longer-term to help pharmacies keep their doors open to the public. While a £300 million advance payment for community pharmacy in England announced on 31 March, and similar payments subsequently, were a welcome step to help with immediate cash flow in the face of unprecedented demand, this is not “extra” funding. With rising costs and additional wholesaler bills generated as a result of pharmacies struggling to meet the increased demand for prescription medicines, this alone will not yet be enough to support those pharmacy teams working hard on the frontline during the COVID-19 pandemic. There will also be a need for additional funding and infrastructure to support the transition to any new ways of working.

Health and wellbeing support for staff

8. We are incredibly proud of the resilience of the pharmacy profession in responding to the COVID-19 pandemic. Almost 3,500 pharmacists and 3,000 pharmacy technicians returned to the register to support the health service.⁷ Pharmacists were also redeployed to offer specialist support in medicines at the Nightingale sites. We are concerned however about the immediate and longer-term impact on the profession’s mental health and wellbeing from coping with such unprecedented pressures. Initial results from an RPS survey of pharmacists published in December last year showed that 80% were already at risk of burnout.⁸
9. After speaking to NHS officials in England, we welcomed their agreement to allow pharmacy staff not directly employed by the NHS to access the new mental health ‘hotline’ established during the pandemic.⁹ The COVID-19 pandemic has thrown into sharp relief the importance of accessing mental health and wellbeing support and the need for parity for all health workers. Access to wellbeing resources and opportunities for one-to-one emotional and psychological support will continue to be important following the pandemic. This should extend to occupational health and wellbeing support for all pharmacists. COVID-19 has highlighted the real need for pharmacy to be integrated as part of the NHS family, so pharmacists and staff delivering NHS services must be able to access the right support wherever they might work. It is vital this is taken forwards as part of the NHS People Plan, published on 30 July.¹⁰

Ensuring positive changes are not lost

Health professionals empowered to do the right thing for patients

10. The RPS has long advocated for an emphasis on ‘just culture’ in pharmacy practice – supporting transparency and discussion, raising concerns and learning from mistakes – versus a ‘punitive culture’ based upon assigning blame and punishment.¹¹ This balances accountability and learning and leads to improved patient safety.

⁷ www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-21/38649/

⁸ www.rpharms.com/about-us/news/details/Pharmacists-suffer-the-mental-health-consequences-of-workplace-pressures

⁹ www.rpharms.com/about-us/news/details/RPS-gets-access-to-wellbeing-support-for-all-pharmacists-in-England

¹⁰ www.rpharms.com/about-us/news/details/RPS-England-responds-to-NHS-People-Plan

¹¹ www.rpharms.com/resources/quick-reference-guides/the-right-culture

11. As such, we welcomed the joint statement by regulators of health and care professionals which reconfirmed that “the first concern of the individuals on our registers will be the care of their patients”.¹² It placed an emphasis on health and care professionals using their professional judgement to assess risk to deliver safe care informed by relevant guidance and the values and principles set out in professional standards. It recognised that in the highly challenging circumstances of COVID-19, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. Pharmacies welcomed the regulator moving to a “supportive” approach to inspections.¹³
12. Specialist medicines are crucial in managing symptoms and easing discomfort and pain for people at the end of life. We sought more flexibility in legislation and regulation in response to concerns about pressures on palliative care medicines and the unprecedented impact of COVID-19. We therefore welcomed the new Standard Operating Procedure (SOP) issued by the Department of Health and Social Care and NHS England and Improvement on 28 April on the re-use of medicines in a care home or hospice setting.¹⁴ While NICE guidance includes a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident, the new SOP noted that, during the COVID-19 pandemic, “the best interest of patients mean that it is not appropriate to follow this recommendation”.
13. We saw a huge spike in public demand for paracetamol in the early days of COVID-19 in the UK. We received a number of queries from members calling for guidance on breaking down larger packs so people could continue to access the medicines they needed. While not usually allowed, in the unique circumstances we raised this with the General Pharmaceutical Council (GPhC) to offer reassurance to pharmacists and produced professional guidance.¹⁵
14. The RPS supports pharmacists using professional judgment to put patients first. They play a key role in supporting patient access to medicines, especially in the event of potential shortages. Pharmacists and other health professionals should continue to feel supported by regulators to do the right thing for patients.

Collaboration and engagement

15. As well as the health professionals working on the frontline, we appreciate that political pressures and the pace of emerging issues during COVID-19, combined with remote working, will have placed a personal strain on officials in the Government and NHS. We recognise they will have often been working long hours under difficult circumstances.
16. Given the scale and urgency of the challenges arising from COVID-19, we welcomed the more open and collaborative approach from Government, including the Minister for Public Health, Primary Care and Prevention, to engaging with stakeholders, listening to concerns and solving problems. We hope this will continue as a positive legacy of COVID-19.

¹² www.pharmacyregulation.org/news/how-we-will-continue-regulate-light-novel-coronavirus-covid-19

¹³ www.pharmacyregulation.org/news/gphc-changes-approach-inspections-pharmacies-response-covid-19-pandemic

¹⁴ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881838/medicines-reuse-in-care-homes.pdf

¹⁵ www.rpharms.com/about-us/news/details/Packing-down-paracetamol

17. At the same time, headline policies would often be announced centrally before the details had been finalised, which left pharmacists and others across the health service looking for clarity in what it meant for them. Closer coordination and engagement with professional bodies at an early stage would enable us to better keep our members informed and reassured, develop appropriate support resources and professional guidance, and provide constructive challenge to encourage more effective policymaking.

Government recognition of pharmacy teams

18. The COVID-19 pandemic has illustrated the crucial role of pharmacists during a national public health emergency. With this in mind, it was disappointing that on many occasions the pharmacy profession, particularly in community pharmacy, was seemingly an afterthought in Government planning, policy and communications.
19. The Home Office announcement of a visa extension for pharmacists and other health professionals on 29 April came nearly a month after a similar measure for doctors, nurses and paramedics on 31 March. This followed a joint letter from RPS and British Pharmaceutical Students' Association to the Home Secretary calling for a visa extension for pre-registration pharmacists to help them focus on contributing to the provision of key services, combating coronavirus and saving lives.¹⁶
20. The RPS and others in the profession have consistently called for pharmacists on the frontline to receive the recognition they deserve, such as seeking clarifications on key worker status and calling for equal inclusion in mental health support for staff. Despite some welcome progress and support from health ministers and NHS leaders, the whole profession was dismayed at reports that pharmacists would only be considered by the new life assurance scheme “in exceptional circumstances”.¹⁷ While there were explicit references to GPs and dentists in the original policy, there was no mention of pharmacy teams, who are contracted to provide NHS services in a similar way.
21. This news came without any prior engagement with the pharmacy profession and was a bitter blow to the thousands of pharmacists putting themselves at risk every day when they care for patients. We sought urgent clarification from the Prime Minister and it remains unclear how this policy was developed and approved within the Government.¹⁸ We welcomed the subsequent recognition by the Health Secretary that pharmacists are “a vital part of our NHS family”¹⁹ and we hope this support continues.

Better data and IT to support patient care

22. Better sharing of patient information has been vital during the COVID-19 pandemic and has highlighted the advantages of enabling pharmacists in all care settings to update a clinical record. Whilst there have been welcome moves towards “interoperability” of care records, there is still some way to go to make this a reality across primary and secondary care.

¹⁶ www.rpharms.com/about-us/news/details/rps-and-bpsa-welcome-visa-extensions-for-pharmacists

¹⁷ www.pharmaceutical-journal.com/news-and-analysis/news/pharmacists-will-not-be-automatically-included-in-government-covid-19-life-assurance-scheme/20207937.article

¹⁸ www.rpharms.com/about-us/news/details/RPS-calls-on-governments-to-provide-death-in-service-benefits-to-pharmacists

¹⁹ twitter.com/MattHancock/status/1255769216852074496

23. A key theme in feedback from the profession on COVID-19 has been on the how virtual consultations could support patient access to expert advice, especially during a pandemic. People should be able to benefit from these digital options when consulting with a pharmacist where appropriate, for example for medicines reviews. The Scottish Government is supporting the 'Near Me' video consultations²⁰ and video consultation services are also being extended to community pharmacies in Wales²¹. We recognise that these platforms are not always suitable for all patients and should enhance, rather than replace access to face-to-face care. There needs to be flexibility in the delivery of service to balance access and not further the health inequalities gap.
24. The Topol Review argued that there is a need to complete the digitisation and integration of health and care records if the full benefits of digital medicine are going to be realised for the NHS, including around earlier diagnosis, personalised care and treatment.²² It also called for long-term investment in order to make the most of technology to support patient care. The COVID-19 response has underlined the urgency to realise this ambition.

Meeting increased demand for health and care services

Integration

25. Delivering more effective care for patients, and avoiding potential gaps in service provision in the event of future pandemics, will depend on better integration across the health service. The *Community Pharmacy Clinical Services Review* by Richard Murray made a number of recommendations on how community pharmacy can provide better outcomes as part of wider integrated services that are efficient and that work for patients.²³ COVID-19 has shown how community pharmacy must be considered part of the NHS family and the multidisciplinary team in primary care. The Health Secretary has previously committed to unlocking "unleash pharmacy's potential" – in order to meet future demand, this will now need to be realised. Primary Care Networks will still need support from as many as 6,000 pharmacists in the longer-term, with key roles in delivering service specifications, particularly structured medication reviews and support for care home residents.
26. This should be supported by investment in hospitals to implement the Carter Review recommendations²⁴, creating capacity for hospital pharmacists to spend more time on clinical services, patient safety and supporting colleagues in primary care and other settings. Increasing the numbers of consultant pharmacists, such as in diabetes²⁵, and developing new outreach models would enable specialist pharmacists to deliver care where it is needed.

Public health and prevention

27. We welcomed the NHS Long-Term Plan's focus on public health and prevention. This will be more important than ever in helping manage demand on services, in particular in a post COVID-19 world which might require the health service doing things differently. Pharmacists and their teams can deliver on many public health measures, such as providing NHS Health

²⁰ www.rpharms.com/about-us/news/details/RPS-Scotland-welcomes-Near-Me-virtual-consultations

²¹ www.rpharms.com/about-us/news/details/Video-Consultation-Extended-to-Pharmacies-in-Wales

²² topol.hee.nhs.uk/wp-content/uploads/HEE-Topol-Review-2019.pdf

²³ www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

²⁴ www.gov.uk/government/publications/productivity-in-nhs-hospitals

²⁵ www.rpharms.com/recognition/all-our-campaigns/policy-a-z/diabetes/diabetes-policy

Checks, supporting early detection and prevention of cardiovascular and respiratory disease, and increasing the numbers of physical health checks for people with mental health problems.²⁶

28. Pharmacists are ideally-placed to help people stay well and should play a key role in supporting the Government's obesity strategy.²⁷ Community pharmacies are often embedded in some of the most deprived and challenging communities, with high prevalence of cardiovascular disease and premature mortality.²⁸ Pharmacists can also support national ambitions to reduce health inequalities. With 43% of the workforce from BAME backgrounds, the pharmacy profession can provide tailored health services for communities across the UK.²⁹
29. A joint report from Public Health England and the Royal Society for Public Health noted that there is significant public appetite for a wider role for community pharmacy teams to deliver services such as health checks, stopping smoking, weight management and vaccinations.³⁰ At the same time, local authorities have seen year-on-year erosion of public health budgets, leading to cuts to services and variation in commissioning. This must be reversed.
30. The new five-year Community Pharmacy Contractual Framework (CPCF) proposed to test a range of additional prevention and detection services, which could be rolled out more widely if found to be effective. These services should be brought forwards at the earliest opportunity.

Utilising pharmacists' clinical skills

31. We support evidence-based interventions and we welcomed the direction set out in the new CPCF, which will enable pharmacists in the community to play a more clinical role. Given the changing circumstances around COVID-19, there should also be further consideration of how these services can be delivered, such as potentially through self-referral, or whether there are additional services which can be developed to support the NHS as it moves to a new normal.
32. More widely, making best use of pharmacists' clinical skills, such as in the monitoring and management of long-term conditions, will help deliver more patient-centred care, closer to the community, and reduce demand on other parts of the health service. Enabling interoperability of patient records across care settings will be key to making this a success.
33. The response to COVID-19 has demonstrated how pharmacists working as Independent Prescribers can enhance patient care.³¹ It has also highlighted the potential for pharmacists to provide support to patients through virtual consultations. This would need to be carefully considered, but as we look ahead to a 'new normal' in the health service, ensuring people

²⁶ data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/budget-and-nhs-longterm-plan/written/104632.pdf

²⁷ www.rpharms.com/about-us/news/details/pharmacy-must-be-included-in-new-obesity-strategy

²⁸ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

²⁹ www.rpharms.com/blog/details/Connecting-with-BAME-communities-to-improve-health

³⁰ www.rsph.org.uk/our-work/policy/wider-public-health-workforce/pharmacies-in-the-community.html

³¹ www.rpharms.com/resources/ultimate-guides-and-hubs/independent-prescribers

can continue to access expert advice and support on their medicines will be fundamental to patient safety and reducing avoidable hospital admissions.

34. In a speech on 30 July, the Secretary of State called for all GP consultations “to be teleconsultations unless there’s a compelling clinical reason not to”. COVID-19 has shown how the whole of primary care will need flexibility in how it delivers consultations safely for patients. We are already seeing referrals to community pharmacy from NHS 111 via the Community Pharmacist Consultation Service, with the potential to expand this to general practice. As pharmacies do more to deliver patient care, this must be supported by fair funding. Virtual consultations will need investment in IT and training, but these also need to be right for patients and not widen health inequalities.

Sustaining essential medicines supply

35. We continue to hear about shortages of certain medicines, especially with rising demand from treatment of COVID-19. We have also heard from pharmacists concerned about the potential longer-term impact of the pandemic on medicines manufacturing. The Government has said it is examining how COVID-19 could affect the medicines supply chain.
36. With the increasing prospect of a no-deal Brexit, and reports of a lack of progress on medicines regulation, the Government must ensure contingency planning is in place to mitigate the effects of any worsening of shortages during the COVID-19 pandemic or a potential ‘second wave’, including for critical and end of life care and substance misuse.³² This should take into account flexible plans for returning, re-use and storage of medicines and the possibility that supply of these medicines will become increasingly difficult. A 2016 RPS roundtable called for a named pharmacist and a named general practitioner to be responsible for medicines in each care home ensuring standards of care.³³
37. COVID-19 has seen an emphasis on pharmacists being empowered to do the right thing for patients. Regulations need to support professional decision-making and pharmacists should continue to be able to take appropriate steps to minimise the impact of medicine shortages on patient care. We supported the recommendations of the Advisory Council in the Misuse of Drugs and welcomed legislation to allow pharmacists to use their professional judgement for improving patient access to controlled drugs when these are part of their regular medication.³⁴
38. The Government was already reviewing the effectiveness of Serious Shortage Protocols, which our members tell us are overly burdensome. Medicines legislation should instead be amended to allow pharmacists to use their professional judgement to make minor amendments to prescriptions in the event of a medicine being out of stock, such as: different quantities, strengths, formulations or generic versions of the same medicine (generic substitution). This would save patients having to go back to their prescriber and help reduce the workload of GPs. For pharmacists in secondary care these substitutions are standard practice. This already happens in Scotland. It is time to address this imbalance and

³² www.express.co.uk/news/politics/1308597/brexit-news-latest-michel-barnier-coronavirus-vaccine-david-frost

³³ www.rpharms.com/Portals/0/RPS_document_library/Open_access/Publications/Care_Homes_Round_Table_Report.pdf

³⁴ www.rpharms.com/about-us/news/details/rps-backs-supply-of-controlled-drugs-by-pharmacists

improve access to medicines by enabling community pharmacists to make these simple changes.

Meeting the needs of rapidly discharged hospital patients

39. Pharmacists are key to supporting safe transfer of care when patients leave hospital hospitals This must be underpinned by transfer of electronic discharge information from hospital to community pharmacies including a follow-up medicines review.³⁵
40. As the Government seeks to reduce the length of stay in hospitals, this must be supported by a renewed drive to ensure health and social care funding is sustainable and better aligned to provide an integrated approach to patient care.

Providing healthcare to vulnerable groups who are shielding

41. COVID-19 placed unprecedented demand on pharmacy services, including the need to deliver medicines to extremely vulnerable people, including the “shielded” group who must stay at home. We therefore welcomed the Pandemic Delivery Service and the COVID-19 NHS Volunteer Responders initiative as a means of supporting pharmacy teams with tasks such as delivering medicines. However, the need to cross check every delivery request with the Summary Care Record (SCR) in order to establish which patients were genuinely shielding, was a time-consuming, bureaucratic burden. It also took some time before funding for the delivery service was in place and much was carried out on a goodwill basis in the interim. The national service has since been scaled back and is now available only to those areas with a local lockdown.
42. Proposals on medicines delivery was also one example where the details behind a headline announcement had to be agreed subsequently. The Prime Minister announced that pharmacies would deliver necessary medicines and pharmacy phones were busy with people trying to use this free service. Many people, when asked, had friends and family who could help. It is important that we strike the right balance between additional support for those who are vulnerable and creating increased demand where people may have other options. We heard that some pharmacists were finding it difficult to manage offers of support, while others needed volunteers to help but don't know how to do this. An evaluation of the national volunteer programme would help inform future planning.
43. Many across the profession raised concerns that volunteers delivering medicines would only be given the same level of checks and training as those delivering food, despite the increased risks associated with medicines use. Because volunteers via the GoodSam app were not DBS checked pharmacies preferred to link with local authority schemes and other local volunteer schemes who did insist on such checks. The RPS and GPhC issued a joint statement to reassure pharmacy teams and pharmacy owners on the use of NHS volunteers to get medicines to extremely vulnerable people.³⁶

³⁵ bmjopen.bmj.com/content/6/10/e012532

³⁶ www.rpharms.com/about-us/news/details/Our-joint-statement-with-GPhC-on-volunteers-delivering-medicines

44. To help pharmacy teams and volunteers provide safe care to patients and the public, the RPS produced volunteering guidance, which outlines what pharmacy professionals should consider when working with volunteers.³⁷

Supporting mass vaccination

45. Given their accessibility and current role in vaccinations, pharmacists are well-placed to support potential vaccination against COVID-19, as well as wider national vaccination programmes such as seasonal flu. This would need to ensure health professionals can work safely. A mass vaccination programme also highlights the urgent need to invest in and enable 'interoperability', allowing pharmacists in all care settings to update a clinical record that a vaccine has been provided.

Developing and supporting the future workforce

46. The challenge of delivering the NHS Long-Term Plan still depends on a comprehensive and adequately-funded workforce strategy to support recruitment, training and education.
47. As we look to develop an adaptable and flexible workforce, able to move where they are needed most, it will be vital to ensure that pharmacists can access consistent and quality-assured professional development wherever they may work. This should be underpinned by the development of a common post-registration career framework, that supports greater use of Independent Prescribers and ensures pharmacists in all settings can practice to the full extent of their education and training.³⁸
48. A nationally-funded foundation programme would have supported those pre-registration pharmacists unable to take their exam due to COVID-19 and who have been provisionally registered. The RPS is continuing to engage with Health Education England on its proposals for an interim foundation programme so these pharmacists can be best supported, as well as further plans for changes to pre-registration and foundation training next year. These proposals must be supported by appropriate funding in the next Spending Review.

The Royal Pharmaceutical Society

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³⁷ www.rpharms.com/resources/pharmacy-guides/coronavirus-covid-19/coronavirus-returning-or-volunteering/volunteer-guidance

³⁸ www.rpharms.com/recognition/all-our-campaigns/shaping-the-future-of-pharmacy-education/foundation