

# RPS Primary Care Pharmacy Expert Advisory Group

### Terms of reference

#### Creation date: March 2021

For the purpose of this group, primary care includes all roles undertaken by pharmacists or pharmacy technicians working in GP practices, care homes, commissioning organisations, health boards and community services. Whilst we acknowledge community pharmacists and pharmacy technicians are part of primary care, we are setting up a Community Pharmacy Expert Advisory Group (EAG) alongside this one.

## Overview

## The Primary Care Pharmacy EAG provides a source of expertise on issues of pharmacy practice which impact on patients, the public, and the pharmacy profession.

The group serves as a consultative group to the National boards of the Royal Pharmaceutical Society (RPS), acting as a source of expertise and advice and providing evidenced-based leadership and opinion to inform RPS policy decisions and advice to government and other organisations. This will enable RPS to provide strong representation on primary care, ensuring this area of practice is both recognised and supported across England, Scotland and Wales.

The main aim of the RPS Primary Care Pharmacy EAG is to provide leadership in practice, identify and track the changing healthcare environment, advise on the implications for primary care and RPS and also highlight the changing professional needs and competencies of its members.

The Expert Advisory Group will constitute and continually engage with a RPS Primary Care Pharmacy Network, which will be a wider, empowered and representative network of primary care pharmacy across all relevant backgrounds. Engagement will be two-way: for the EAG to seek and disseminate information

The Expert Advisory Group will:

1. Advise RPS on significant issues involving national and international practice in primary care;
2. Support RPS in responding to requests for advice, expertise, input and comment from government and other organisations;
3. Where agreed, represent RPS by providing expertise and leadership opinion aligned with RPS policy (where relevant). This may include attending meetings or acting as a media spokesperson.
4. Provide a cohesive, strategic forum to ensure RPS is able to input and shape key policies and innovation around the role of primary care pharmacy
5. Help ensure a joined-up approach across RPS and the profession to ensure that members are kept at the forefront of healthcare.
6. Facilitate recruitment and retention of pharmacists within the primary care sector and prompt life-long membership of RPS.
7. Help support primary care pharmacists and pharmacy technicians throughout their careers by ensuring the provision of development opportunities for networking and best practice sharing
8. Advise the RPS Education Directorate on national curricula and continuing professional development to ensure graduates and pharmacists have the necessary skills and knowledge for successful careers in primary care.

## Deliverables and Outcomes

## Draw on evidence to deliver system wide leadership, supporting the RPS national boards on matters affecting Primary Care Pharmacy teams.

## Provide expertise to help create coherent professional responses to emergent Primary Care Pharmacy issues across England, Scotland and Wales.

## Support the ongoing work of RPS in Primary Care and the provision of learning opportunities for primary care pharmacy teams.

## Support RPS and the profession with engagement and networking with other relevant organisations impacting on primary care pharmacy including regulators, Royal Colleges, partnership and specialist groups.

## Work with other RPS groups (e.g., advisory groups, country teams and comms) to align activity and support the delivery of RPS mission and vision

## Communicate the work of the expert advisory group to internal and external stakeholders.

## Lead and encourage membership of RPS across the Primary Care Pharmacy workforce.

## Lead, support the development and encourage discussion of a future ‘RPS primary care pharmacy network’.

## 3. Expert Group member specifications

* Members of the RPS Primary Care Pharmacy EAG can include Pharmacists and Pharmacy Technicians who spend the majority of their working time in primary care. This is to ensure breath and knowledge of primary care is made available to the RPS.
* Membership of the group is based on an individual’s own professional experience and perspectives rather than acting as a representative of another group or organisation.
* The group will be constituted to ensure a wide breadth of relevant experience across its membership.
* RPS has ultimate responsibility for the group and the group will reflect primary care across Great Britain and the diversity of the profession
* The group will comprise a maximum of 15 members and should ideally reflect the breadth of primary care pharmacist practice.

**All members of the group will:**

* Be a member of RPS (where eligible)
* Conform to the RPS code of conduct for members of governance bodies
* Declare any conflicts of interest, and to act in an open and transparent manner without undue influence.
* Not be an elected member of RPS National Boards (with the exception of the observers)

Ideally, the group will have representation across primary care and the three nations of Great Britain.

**4.Time demands / Ways of working**

* The group will typically meet formally face-to-face and/or via a virtual platform a maximum of four times a year. Additional meetings may be required according to matters arising and will be conducted virtually.
* The majority of interactions will be virtual, by email or through other online networks as agreed by RPS.
* Members will declare any interests that may be a conflict to the work underway.
* The RPS staff lead is responsible for reporting the activities and deliverables of the group to the three National Boards and the Assembly.
* All members are expected to attend at least 75% of all meetings held. Those not attending 75% of all meetings may be asked to stand down by the Chair.
* Administrative support will be provided to the group and to the Chair to plan meetings and undertake work programmes.

**5. Terms of Office**

The term for members to sit on the RPS Primary Care Pharmacy EAG is three years with a second term possible in order to stagger turnover of membership. Previous membership of the group is not a bar to reapplication at a later date. It is expected if a member no longer meets the member specification, e.g., they take on a role outside of primary care, they would step down. In case of retirement, members may remain on the group for an additional year. The positions for the Group members will be advertised openly and the selection process undertaken by RPS.

**6. Composition**

The composition of the RPS Primary Care Pharmacy EAG should reflect the spectrum of pharmacy practice as well as regional and country interests. The group will not exceed 15 members who will be appointed by an RPS panel in line with RPS People Team policy. PCPEAG members will be appointed following an open call for nominations to RPS members.

**7. Position of Chair**

The position of chair is held for a maximum period of 3 years. During the recruitment process for the Primary Care Pharmacy EAG, all applicants will be able to express their interest in becoming Chair. For the re-election of Chair this will be advised to the group and externally at the penultimate meeting of the Chair’s term of office following the RPS recruitment process. A member standing for Chair should declare any actual or potential conflicts of interest. It is widely accepted that professional experts will be asked to sit on various committees and groups nationally and internationally and that such external recognition would not preclude appointment to the Chair.

**8.Refreshing Membership**

When vacancies occur on the expert advisory group, an invitation for new members to join the group will be circulated and the recruitment process followed. This will be done as need arises, or as a minimum every three years. On occasion, it may be necessary to co-opt specific expertise onto the advisory group.

**9.Other**

Appropriate RPS staff will attend meetings as required to support the work of the Expert Advisory Group, including:

* Country Team Directors and / or Policy Leads
* Director of Pharmacy and Member Experience
* Directorate Administrator
* Other RPS staff, invited guests and external consultants engaged by RPS as required

## 10.Reimbursement

Travel expenses up to the level of the standard class ticket bought on the day of travel will be reimbursed when RPS requires the Expert Advisory Group to meet in line with the RPS expenses policy. It is anticipated that, for the foreseeable future, all meetings will be held virtually.

### Appendix 1 Membership of the group

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| **Name** | **Role** | **Area of practice** | **Geography** |
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