

ROYAL PHARMACEUTICAL SOCIETY

Cross Board Induction Meeting

18th June 2024 – Induction Working Day

Cadbury House, Yatton, Bristol.

Agenda No.	Time	Subject		Lead Person
		OPEN BUSINESS FOR WALES/SCOTLAND/ENGLAND		
24.06. NPB.07	17:35	Elections of Chair, Vice Chair & Assembly Members Country Team specific separation to vote and Elect the Chair and Vice Chair of the Boards and the positions for the Assembly - Wales (chair not needed) - Scotland (new chair and Assembly members needed) - England (3 Assembly member appointments)	24.06.EPB.07	(Rotation through the room)
	18:00	END OF OPEN BUSINESS		

ROYAL PHARMACEUTICAL SOCIETY

19th June 2024 – Board Business Meeting held at Cadbury House, Yatton, Bristol.

Separate Country Team Discussions

Agenda No	Time	Subject	Papers/Verbal	Lead Person
	8.45	Tea and coffee will be available (Boards to be in separate rooms for individual country board meetings)		
24.06.WPB.08	9.00	Open Business (separate) Welcome, Introduction to the new board members	Verbal	Chair
24.06.WPB.09	9:05	<ul style="list-style-type: none"> Approval of Past Minutes (i) Record of the new board members Past Action Updates Declarations of Interest EPB (ii) Powers and Functions of the Board (to note) (iii) <p>Paper for Noting</p> <p><i>Prof Issues (iv)</i></p> <p><i>Strengthening pharmacy governance (v)</i></p> <p><i>Workforce (vi)</i></p> <p><i>Implementing Country visions (vii)</i></p>	24.06.WPB.09 (i) 24.06.WPB.09(ii) 24.06.NPB.09(iii) 24.06.WPB.09 (iv) 24.06.NPB.09 (iv), (v), (vi), (vii)	Chair

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24.06.WPB.10	9.15	Public Affairs – (Wales) <ul style="list-style-type: none"> Public Affairs Approach to Wales <p>Feedback on activities and engagement</p>	Verbal	Iwan Hughes
24.06.WPB.11	9.30	PDaHW Update	24.06/WPB/11	Alwyn Fortune
24.06.EPB.12	9:45	2025 Planning (separate) <ul style="list-style-type: none"> Overview of current workplan for GB Discussion of workplan timetable for 2025 Items for consideration in the 2025 workplan <p>Discussion and decision of main priority areas</p>	Verbal	Elen Jones
	10.45	Break Teas and Coffee – Back to all boards together		
24.06.NPB.13	11.00	Open Sale of P Medicines in Community Pharmacy <i>Invited Guests: Clare Nevinson, Boots, Roz Gittins GPhC</i> <ul style="list-style-type: none"> Inclusion of guests from Boots and GPhC Discussion on the current policy from the RPS on the open sale of P medicines in Community Pharmacy 	24.06.NPB.13	CDs

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		<ul style="list-style-type: none">• Presentation from Boots regarding their P sale model pilot <p>Discussion and decision about future direction of the policy.</p>		
	12.30	Lunch – Return to the main room – all boards together		

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24.06/WPB.07
Open Business

English Pharmacy Board meeting 18 June 2024

Title of item	Appointment of Welsh Pharmacy Board member to the Assembly
Open, confidential or restricted item	Open
Author of paper	Cath Ward
Position in organisation	Business Manager Wales
Telephone	0207 572 2345
E-mail	Cath.Ward@rpharms.com
Item to be led at the meeting by	Elen Jones
Purpose of item (for decision or noting)	Decision
Headline summary of paper	To appoint 1 WPB member to the Assembly

Appointment of 1 WPB members to the Assembly

Current WPB Assembly members:-

Geraldine McCaffrey, Chair (Assembly terms expires 2025)

WPB have 1 place to appoint to the Assembly for a 2 year term of office in accordance with the process for election set out in Appendix C of the Regulations (attached).

Cath Ward
Business Manager Wales
June 2024

Elen Jones
Director for Wales

ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board meeting 8 February 2024

OPEN BUSINESS

This meeting held at Bangor University, Bangor, LL57 2TR in the Council Chambers.

OPEN BUSINESS
8 FEBRUARY 2024 AT 9.15AM

Present
WELSH PHARMACY BOARD

Geraldine McCaffrey, Chair (GMC), Cheryl Way, Vice Chair (ChW), Richard Evans, (RE), Dylan Jones (DJ), Gareth Hughes (GH), Liz Hallet, (LH), Helen Davies, (HD), Rhian Lloyd Evans, (RLE), Lowri Puw, (LP).

Joining via Teams – Elen Jones, Director for Wales (EJ), Liz North, Head of Strategic Comms (LN), Eleri Schiavone (ES) and Rafia Jamil. (RJ), Amandeep Doll (AD), Iwan Hughes, Head of Public Affairs Wales (IH) and Wing Tang Head of Professional Standards (WT).

Staff and guests In attendance

Claire Anderson, President (CA), Elen Jones, Director Wales (EJ), Paul Bennett, CEO (PB), Cath Ward, Business Manager (CW), Alwyn Fortune, Policy lead Wales, Laura Humphrey, Regional Engagement Lead Wales (LH), Joseph Oakley, Associate Director Assessment and Credentialing (JO). Prof Stephen Doughty, Professor of Pharmacy and Head of Pharmacy Programme North Wales Medical School

Related papers/slides	
No paper/Verbal address	<p>Welcome GMC welcomed board members, staff and invited guests to Bangor University for the Welsh Pharmacy Board (WPB) meeting. She thanked SD for hosting the Credentialling, and Your Role in the Future of Pharmacy event in North Wales the previous evening and for hosting the Welsh Pharmacy Board meeting in the Council Chambers.</p> <p>SD formally welcomed the WPB to Bangor University and briefly outlined the plans for preparation of the first intake of students in 2025, He advised that the size of the first intake would be around 20 to 30 students increasing to one hundred. The main driver for this new course being to increase the workforce recruit locally and retain.</p>
No paper/Verbal address	<p>Apologies There were no apologies received.</p>
24.02.WPB.02(a) 24.02.WPB.02 (b)	<p>Declarations of interest WPB noted papers 24.02.WPB.02(a) and 24.02.WPB.02 (b)</p> <p>CW reminded board members who had not completed their 2024 Declarations of Interest, to do so. Action 1 – BMs to send Declarations of Interest for 2024 to CW.</p>
24.02.NPB.03	<p>Minutes and matters arising The minutes of the meetings held on 9 November 2024 were accepted as a true and accurate record.</p> <p>24.02/NPB/04 – Approved by Gareth Hughes, seconded by Rhian Lloyed Evans.</p>
24.02.WPB.04	<p>National Pharmacy Board Elections for Wales</p>

	WPB noted paper 24.02.WPB.04 and the number of places in the National Pharmacy Board election in Wales. WPB welcomed the changes that aim to reset the elections to a more even split across the years, as referred to in the paper.
Verbal	<p>Update on any progress from the UKPPLAB</p> <p>CA Provided a brief update on progress of the UKPPLAB. She advised that board members have now been appointed and it is expected that an announcement about this will be made w/c 11 February. The first formal meeting will take place on 19 March.</p> <p>Independent Chair of UKPPLAB, Sir Hugh Taylor, has written a blog on progress of the Board as it approaches its first anniversary:</p> <p>https://jointheconversation.scwcsu.nhs.uk/pharmacy-professional-leadership/news_feed/independent-chair-sir-hugh-taylor-reflects-on-progress-as-we-mark-the-anniversary-of-publication-of-the-uk-commission-on-pharmacy-professional-leadership-s-report-2</p>
24.02.NPB.06	<p>Emergency Hormonal Contraception (EHC)</p> <p>AF gave an overview of proposals by the FSRH for reclassification, outlined the endorsements and the recent discussions at CPEAG. The paper has been presented to the RPS Community Pharmacy EAG CPEAG, who were unanimous in not wanting to change the classification of EHC. They did however raise concerns around safeguarding and clinical impact about BMI and dosage.</p> <p>The options for discussion and agreement were: -</p> <p>Option 1 - Maintain status quo. Option 2 - Advocate for a nationally commissioned service in England Option 3 - Advocate for reclassification of oral EHC Option 4 - Advocate for reclassification of oral EHC and a nationally commissioned service (in all 3 countries).</p>

	<p>WPB discussed the following: -</p> <ul style="list-style-type: none"> - WPB expressed a view that Healthcare advice from a pharmacist will be completely missed if sold as GSL – lots of interventions were highlighted around contraceptive advice, the lack of understanding in some patients of contraception entirely, being able to educate and signpost these patients as necessary for longer term options. - WPB raised serious concerns regarding safeguarding. The issue seems to be about communication – have services been advertised enough? - It was noted that if this is not a free service to all there will be even more discrimination and unfairness. - The board asked if digital services allow people to identify where services are available more easily? It was noted that on the Choose IT system in Wales, pharmacies must select if a service is available. Can this be made public digitally? - The RPS President outlined how the proposal had stemmed from research from FSRH, BPAS and mystery shopping suggested that pharmacists were not always providing a high-quality service, alongside the reduction in availability of sexual health services. - This raised how training and accreditation needs to have a unified approach when it comes to the English and Welsh border – to ensure locums were able to provide the service in both areas if they have only trained in one. The issue was raised how what happens in England and Wales differs, yet the same principles apply. Could the RPS advocate for universal training to be mandatory? - Concerns were expressed that the safety of patients would be compromised if purchasing a GSL medicine as there is unlikely to be a check for the appropriateness, counselling, and advice at the point of sale. - If there is an issue of access, how can we ensure that girls know where to go – is there something around access and knowledge base. RPS could make access to the service cross broader to ensure service continuity. In Wales Gb wide and what happens in Wales there is a push for continuity data –aiming to ensure service and ensuring pharmacists who have a conscience objection to providing the service are consistently able to (and are) signposting to an available service - An integrated system is needed. - The details of a nationally commissioned service needed to be developed to increase the access for existing staff.
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	<ul style="list-style-type: none"> - Concerns were raised about choice of language, include words for example deliver a high quality service - not standardisation <p>WPB unanimously agreed to support Option 2</p> <p>Action 2 - AF to inform the Policy leads of the decision.</p>
24.02.NPB.07	<p>Discussion on the response to the consultation and agreement on RPS response. https://www.gov.uk/government/consultations/pharmacy-supervision</p> <p>WPB noted 24.02.NPB.07 paper previously circulated, which provided options for discussions and decisions on the DHSC consultation which proposes to modernise legislation.</p> <p>AF and PB gave an overview of proposals, collaboration, and discussions to date, noting that there is broad agreement that the amendment is a positive step, but there are significant further considerations.</p> <p>Proposal 1: Introducing authorisation of a pharmacy technician by a pharmacist</p> <p>There was a discussion and WPB considered the following: -</p> <ul style="list-style-type: none"> - WPB expressed a view that there is the potential for confusion over why people can collect prescription items but not buy P meds in some scenarios, advocating for less restriction. Would this change allow a subtler change in the future? - Overall, there was consensus that there should be a recorded authorisation (not oral), with a preference for digital. - Some felt that the proposals allow a more prudent way of working and were useful. However, to safeguard for locum cover, there needs to be flexibility in the system so that they are not forced to authorise a situation they're not confident or comfortable with. - Concerns about a pressure on pharmacists to delegate responsibility. There should not be a direct comparison to the hospital setting, where there is always a pharmacist available. - From a community pharmacist perspective, it was noted that the pharmacist is rarely in the dispensary

	<p>now due to provision of services – a lot of time was now in the consulting room.</p> <ul style="list-style-type: none"> - Extra training would be required for those pharmacy technicians taking on additional responsibilities. If accredited in triaging or handing out medicines, this would provide assurance to locums. - There will be a greater need for pharmacy technician training within community pharmacy and some pharmacies have paused training pharmacy technicians, and many have been lost to roles in primary care. - There was concern around whether pharmacy technicians would have the choice themselves or whether will could feel pressured into accepting responsibility. <p>WPB supported in principle Proposal 1</p> <p>Proposal 2 – Checked and bagged prescriptions</p> <p>WPB unanimously agreed that Proposal 2 was enabling, but there needed to be a way of flagging specific situations where the pharmacist would need to be present.</p> <p>Proposal 3 – Aseptic units</p> <ul style="list-style-type: none"> - It was noted that most aseptic units are registered with the MHRA but this refers to the section 10 exemptions, where pharmacists are exempt from the licencing requirements in certain circumstances. Concerns were raised that there are not enough pharmacists coming through training in aseptic, so this was a step in the right direction. - Overall, board members were broadly supportive but expressed the need for clarity over the additional training which would be required. - It was raised that there is a Science and Technical Manufacturing course but doesn't require pharmacy technician qualification so this needs to be considered for the future. - A board member outlined how pharmaceutical scientists can work in aseptic units at a band 6 level, they complete a 3-year PTQA and register with the Health Professionals Council, so given the patient need this should be explored further. The standards and guidance should also consider this. - The importance of consulting specialists via any RPS aseptic group, the Chief Pharmacists Aseptic group (WASP) and TRAMS project leads was highlighted. - Concerns were raised that if the pharmacy technician workforce was not sufficient to meet the demand,
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	<p>the law needs to be adapted sufficiently given how long it takes for regulatory change.</p> <p>Action 3– AF to link in Aseptic services group. Action 4 - AF to share a draft response Tuesday 13th Feb with WPB.</p>
24.02.NPB.10	<p>Progress on 2024 GB workplan and Vision for Pharmacy in Wales & Board Priority areas</p> <p>EJ gave a broad update on the plan for the year which highlighted on the key themes.</p> <ul style="list-style-type: none"> - AI - Digital - Medicine Shortages - Workforce Wellbeing <p>Implementing County visions – Pharmacists prescribing, pharmacogenomics both have policies and position statements. Work continues to support environmental sustainability and working with NHSE on the greener pharmacy work as well as the UK health alliance group. Work is moving forward on mental health and health inequalities.</p> <p>Strengthening pharmacy governance – Supervision, hub and spoke more work in require, and Wing Tang Head of Professional Standards will help to lead these elements, with many actions anticipated for standards and guidance.</p> <p>Professional issues – AI and Digital Prescribing and Palliative Care, Gender Dysphoria Gender Incongruence. and Assisted Dying</p> <p>AF provided specific policy updates.</p> <p>Medicines Shortages (MS).</p> <p>MS continues to be a massive challenge, and collaborating with stakeholders and focus groups throughout GB, work will continue throughout 2024. A paper is due to be published by end of 2024.</p> <p>PDaHW</p> <p>The delivery board is moving from strength to strength and there has been timely progress in two areas</p>

	<p>specifically. Welsh Pharmaceutical Committee are progressing 56-day prescriptions and Protected Learning Time.</p> <p>Palliative Care – Daffodill Standards Daffodil standards a short life working group has been established to ensure standards are customary practice within community pharmacy. RPS Wales policy on palliative care in Wales is undergoing a refresh and will be rolled out across GB/</p> <p>Assisted Dying This issue is being considered at Scottish Government (Scot Govt) level; the RPS position statement was updated recently and will be revisited once the Scot Govt work is finalised.</p> <p>WPB applauded the great progress on the media work. WPB asked for assurances that there are processes in place to ensure that when members appear in the media under the RPS banner, the perspectives they share reflect the organisation's agreed policies and messaging, and that they have the support they need from RPS to do this. The Board were assured that support is in place for members undertaking media work via the press office.</p> <p>Gender Dysphoria – including consultation: AF provided a summary of the consultation and feedback received so far. The consultation on the Standards closes on 1 March; it will be signed off by all three board Chairs.</p>
	<p>Update on the Public Affairs plan for 2024 and discussion</p> <p>IH provided an update the WPB on the current political landscape in the Senedd and the upcoming process for the candidates for the First Minister position. He also provided an update on the work that RPS Wales is involved in with the current health committee Inquiry: Supporting people with chronic conditions. RPS to give evidence on March 14. He also talked about the audit undertaken in 2023 to measure Senedd Members' awareness of familiarity with and knowledge of the Royal Pharmaceutical Society, and the relative position of the organisation vis-à-vis comparable bodies. RPS is seen in a more favourable light, there is still more work</p>

	<p>to do to raise the RPS profile.</p> <p>He advised that there was much proactive activity in 2023 including attendance at Senedd Drop Inns, and visits to pharmacies by MSs. EJ thanked WPB members and members for the attendance and support at the Senedd sessions.</p> <p>WPB confirmed their agreement to maintain the same approach to PA activity until the June board meeting & review and update political plans at that stage.</p>
24.02.NPB.11	<p>Health Inequalities – Language Barriers in Pharmacies</p> <p>WT gave a short presentation which highlighted 5 key drivers.</p> <ul style="list-style-type: none"> - Medicines adherence - Reduce harm. - Managing the RPS reputation - Board member interest - GPHC roundtable on translation services <p>WT went on to give the context and asked the Board to consider options for a basis on taking this work forward.</p> <p>Board members discussed the options and asked if the EPB and SPB options decisions could be shared.</p> <p>WPB agreed that option 3 seemed a sensible way to progress, noting that free prescriptions in Wales didn't come about the same way so there was no need to lobby government.</p> <p>There were examples shared about the language barriers and lack of understanding, example Ukraine and Afghanistan. Dual Language labelling was discussed, and WPB expressed concerns at using interventions such as google translate, suggesting that only translation from reputable sources should be considered, and there is a need to understand the translation services that are available.</p> <p>It was advised that some multiple pharmacies employ translators and use leaflets to help the language issue.</p>

	<p>WPB noted that SPB had opted for option 3, whilst EPB had opted for option 3 with a variation that case studies be shared of what is available to community pharmacist.</p> <p>WPB had concerns about using case studies where there is no evidence base as there could be unintended consequences.</p> <p>WPB agreed with taking forward option 3, but with caveats around using case studies only from reputable sources.</p>
24.02.NPB.11	<p>Regional Update</p> <p>AD confirmed that an engagement strategy plan is being developed, which aims of to increase the impact of RPS engagement, raise greater awareness regionally and create a sense of professional belonging with RPS Members and non-members.</p> <p>This recognises that the regions should be a core benefit of being an RPS member and that the regions will provide vibrant networks of like-minded professionals with whom to engage. The plan will provide clarity and consistency and be able to define what engagement means for us and for our members. Although recruitment of new members is important, the focus will be on retention and demonstrating the value of being an RPS member.</p> <p>The Engagement Leads will work with RPS Ambassadors to plan, facilitate, and host diverse types of meetings; these will include conferences, engagement events and careers fairs. Board members were encouraged to support regional events; as elected Board Members, their support would be invaluable and would also make them visible to the members who elected them.</p> <p>In Wales there will be links with universities and a careers event is planned in Cardiff University on 16th Feb. LH attended an event in Reading university and the students were keen to find out about RPS.</p> <p>Another regional event is scheduled on 20th February - immunotherapy and helping you consider its effect on other medication you dispense or prescribe for your patient.</p> <p>LH was thanked for the work done in the time or the role.</p>

	<p>WPB asked about specific plans to engage with Pre regs and AD advised that work is ongoing on the offer package as they considered this crucial.</p> <p>WPB expressed a view that they were keen to see more face-to-face events and workshops where more tangible activities can be incorporated, accepting that a strategic approach was good for planning and delivery. WPB also expressed concerns that standardisation didn't compromise on quality and that RPS must be ambitious.</p> <p>PB and AD advised there were financial constraints across the organisation, and this would need to be reflected. WPB also noted that much of the regional activity will sit across lots of RPS teams and this has resource implications and constraints.</p>
24.02.WPB 11	<p>WPB noted Papers.</p> <ul style="list-style-type: none"> i. Science & Research update ii. Education Update iii. Implementing Country Visions iv. Strengthening Pharmacy Governance v. Professional Issues vi. Workforce vii. Membership update
Verbal	<p>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.</p> <p>PB thanked Cheryl Way for the nine years she had served on the Welsh Pharmacy board, a chair, vice chair and member, noting that this would be her last board meeting.</p>

	England	Scotland	Wales	
18 and 19 June	18 and 19 June	18 and 19 June		
17 September	18 September	19 September		
Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November				

Action List

Item	Action	By Whom	Open/Closed/Comments
24.02.WPB.02(a)	Board members to send updated Declarations of Interest	BMs	Open
24.02.NPB.06	AF to update policy leads on WPB decision - EHC	AF	Closed
24.002.NPB 07	AF to link in Aseptic services group. – supervision AF to share a draft response Tuesday 13 th Feb with WPB.	AF	Open
		AF	Closed

June 2024

Welsh Pharmacy Board - Declarations of Interest

Aled Roberts

Community Pharmacy Wales

Various community pharmacy contractors via self-employed locum arrangements.

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union Wales and the West Regional Committee
- Member of PDA Union Executive Group

Chair of Llangeler Community Council

Dylan Jones

- Director of Howe Pharmacy
- 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.

Eleri Schiavone

•Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB

- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Medicines Strategy Group
- Member of All Wales Medicines Strategy Group Steering Committee
- Member of the Welsh Pharmacy Board

Geraldine McCaffrey

•Principal Pharmacist Betsi Cadwaladr University Health Board

•Member Pharmacy Delivering a Healthier Wales

•Member - UKCPA.

Member, National Pharmacogenomics Group Wales

•Member – Unite the Union/Guild of Healthcare

•Pharmacists.

•Vice Chair – Pharmacy Research Wales

. Vice Chair – Welsh Pharmacy Board

Helen Davies

Current Substantive post:

- Principal Pharmacist for Primary Care; Medicines Optimisation. Cwm Taf Morgannwg University Health Board from March 2018.

Directly employed at Forest View Medical Centre, Treorchy for 1 day a week as a GP practice Pharmacist

From March 2018 to February 2021

- HEIW teaching sessions – cardiology
- HEIW teaching sessions – primary care

Sessions from 2011 onwards

- Honoraria from BMS to be an expert speaker for anticoagulation teaching sessions and attendance at a masterclass 2018
- Swansea Bay UHB bank staff – NHS 111 evening sessions 2017
- Pfizer sponsorship to attend anticoagulant and cardiology conference 2018 and 2015

- Boehringer to assist a consultant cardiologist with an anticoagulant clinic 2015
- Expert review of materials for WCPPE 2014
- Cardiology teaching sessions for WCPPE in 2014
- Member of the Guild of Healthcare Pharmacists
- Member of the UKCPA
- Member of the PCPA

Gareth Hughes

- GRH Pharma Ltd
- Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)
- Board Member of Community Pharmacy Wales
- Member of Welsh Pharmaceutical Committee
 - Member of the Faculty of Clinical Informatics
 - Community Pharmacy Cluster Lead for Rhondda
 - Member of Community Pharmacy Microsoft Office 365 Project Board
 - Member of the Pharmacists' Defence Association

Rhian Lloyd – Evans

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Fferyllwyr Llyn Cyf
Betsi Cadwaladr University Health Board
Bangor University
Occasional media work for the BBC/itv/s4c

Liz Hallett

.ABHU

- . PDA Union Member
- . PCPA Member

Rafia Jamil

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

Aled Roberts

TBC

National Pharmacy Board meeting – 19 June 2024

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper	Cath Ward
Position in organisation	Business Manager, Wales
Telephone	0207 572 2345
E-mail	cath.ward@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
- i• 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

National Pharmacy Board meeting – 19 June 2024

Title of item	Professional Issues
Author of paper	Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, James Davies, Alwyn Fortune, Ross Barrow, Laura Wilson
Position in organisation	
Telephone	
E-mail	
Headline summary of paper	To give a progress update on the following areas:- Artificial Intelligence (Fiona) Palliative Care (Darrell/ Elen) Digital Prescribing and Access to Records (Heidi) Medicines Shortages (James/Alwyn) Assisted Dying (Ross/Laura) Consultations List (Policy Leads)
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	
Resource implications	

Professional Issues (Policy Leads)**Artificial Intelligence** (Fiona)Highlights

- Base material and principles for policy position agreed with DPEAG
- Principles socialised with Hospital, Digital, Primary Care and Community Pharmacy Expert Advisory Groups (exercise completed May 2024)
- Constructive feedback secured from EAGs

Next Steps

- Continue to develop position statement material with feedback from EAGs and co-production with Digital Capabilities policy work
- Focus groups with RPS members to be arranged
- Draft position statement expected to be developed over the Summer
- Present to Boards for feedback in September
- Aim to publish position statement Q4 2024
- As Artificial Intelligence is evolving, policy work in this topic will continue to develop and inform any future standards and/or guidance

Palliative Care (Darrell/ Elen)Highlights

- Over 650 sign ups and segmentation complete so that we can communicate in a targeted way with different cohorts
- A number of sign ups have requested the existing training materials to use with their teams
- Poster presentation on Daffodil at IHI/BMJ Quality Forum in London generated keen interest and sharing of our work across wide QI network
- Worked with Pharmacy Forum Northern Ireland and other NI organisations including Marie Curie to prepare NI launch plan (from June 24 to Feb 2025)
- PEOl medicines access in care homes discussions progressed across all four countries
- SLWG on implementation of Daffodil QI standards in Wales completed and report with key recommendations shared

Next Steps

- Complete preparation of first wave learning materials and share across UK
- Regular newsletters distributed to signed up pharmacies, palliative care specialists and academic colleagues

- Continue to work with early implementer sites to share stories (with help from RPS Comms team)
- SLWG on RPS Policy refresh to start July 2024 (aiming to complete by end of 2024)
- Funding application completed to resource the development of a survey of care homes use of EOL medicines (subsequently to deliver survey across all four countries, analyse and write report with the aim to lobby Home Office to review CD legislation)
- Launch daffodil QI standards in Northern Ireland and implement SLWG recommendations in Wales (and share widely)

Digital Prescribing and Access to Records (Heidi)

Highlights

- With the support of DPEAG we are developing a draft position statement on Digital Capabilities
- The Schools of Pharmacy Council will be discussing digital capabilities at their meeting in June
- We have engaged with NHS England on this as part of the DPEAG
- We are engaging with the Schools of Pharmacy Digital Community of Practice
- We are meeting with NHSE and CPE to discuss the draft statement on Locum Pharmacy Access to NHS mail and the issues surrounding this

Next Steps

- To share the draft Digital Capabilities statement with National Pharmacy Boards and other EAGs for comments

Medicines Shortages (James/Alwyn)

Highlights

- Two successful virtual member engagement events held alongside engagement with expert advisory groups, case studies and feedback being used to inform the project
- Working closely with National Voices we have created a survey for patients and the public to share their stories and experiences with us, this is now live and will be disseminated further through patient groups across GB.
- We are currently holding interviews with key stakeholders to inform the report. In addition, we have a series of virtual roundtables planned to gather views and feedback, one with community pharmacy organisations and a second with specialist pharmacy groups.

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- The Science and Research team helped to create a scoping review of the literature which has been shared with the working group.
- Inaugural advisory group meeting held on 25th March, producing an engaged and open discussion with the group members. This has helped drive some wider engagement outside of the meeting with requests from other groups to join.

Next Steps

- Continue with wider stakeholder engagement and patient engagement through the patient stories
- Utilising all the information from the engagement sessions and the wider research begin drafting the early stages of the report together with draft recommendations
- The next meeting of the advisory group is planned for the 25th June where we will be discussing some of the early recommendations.

Assisted Dying (Ross/Laura)

Highlights

- Liam McArthur has presented his Bill to the Scottish Parliament for consideration
- It is anticipated the Scottish Government Health, Social care and Sport Committee will go out to consultation to gather views
- The Scotland team met with other professional bodies to discuss our respective positions

Next Steps

- A paper has been written to be discussed as an agenda item at the June meeting
- RCN are keen to progress a joint statement calling for an 'opt-in' model when the time is right
- We will prepare to engage with Scottish Government at all stages

Consultations List (Policy Leads)

Highlights

- 13 consultations responded to during the period February to May 2024. All our responses can be found at <https://www.rpharms.com/recognition/working-with-government/consultation-responses/2024-consultation-responses>

Next Steps

- Continue to respond to relevant consultations, currently reviewing or responding to up to 14 consultations with deadlines over the coming months

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National Pharmacy Board meeting – 19 June 2024

Title of item	Strengthening Pharmacy Governance
Author of paper	Wing Tang, Laura Wilson, Heidi Wright, Elen Jones
Position in organisation	
Telephone	
E-mail	
Headline summary of paper	To give a progress update on the following areas:- Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
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	
Resource implications	

Strengthening Pharmacy Governance (Wing/Elen/Laura)**Supervision (Heidi)**Highlights

- We submitted our response to the DHSC consultation and await further outcomes.
- There continues to be concerns raised about the role of supervision in regard to aseptic units and we continue discussions with interested parties.
- Given the announcement of the election and the purdah period we don't expect any further action in this area.

Next Steps

- We await the outcome of the consultation process from DHSC.

Hub and SpokeHighlights

- The government provided its response to the hub and spoke consultation in May 2024, with the suggested legislation to allow for an independent to be able to work to a hub and spoke model.
- <https://www.gov.uk/government/consultations/hub-and-spoke-dispensing/outcome/government-response-to-the-consultation-on-hub-and-spoke-dispensing>
- This requires a statutory instrument that must be agreed by parliament, with a view to allowing action in January 2025
- This will likely be delayed ahead of the election and the new government will need to decide on the prioritisation of this action.

Next Steps

- Preliminary discussions with key stakeholders following the May 2024 government response to inform next steps.
- Election outcome and processing of the statutory instrument.

RP/SPCP GuidanceHighlights

- We have responded to the Chief Pharmacist Consultation from the GPhC. We await the publication of the final standards.
- The RP/SP are reliant on further changes to supervision legislation and therefore we aren't expecting any progress until after the general election.

Next Steps

- Await the outcome of the election and engage with the new government on supervision.

Original Pack Dispensing

No updates

National Pharmacy Board meeting – 19 June 2024

Title of item	Workforce
Author of paper	Heidi Wright, Amandeep Doll, Laura Wilson James Davies
Position in organisation	
Telephone	
E-mail	
Headline summary of paper	To give a progress update on the following areas:- Workforce Wellbeing (Heidi) Access to DPP (Heidi/Laura) Workforce Numbers (James) I&D (Aman) Differential Attainment (Aman)
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	
Resource implications	

Workforce

Workforce Wellbeing (Heidi)

Highlights

- A second Workforce Wellbeing Roundtable was held on 29 Feb and a summary of the meeting was published on 10 May.
<https://www.rpharms.com/about-us/news/details/rps-report-highlights-collaboration-to-enhance-workforce-wellbeing>
- The Workforce Wellbeing Action Group met on 14 March and will be holding a joint meeting with the ABCD group on 12 June. You can register [here](#)
- This years survey will be supported and circulated by GPhC and we will shortly be working on the questions to include

Next Steps

- We will be developing the questions for the WWB survey this year, this will also include pharmacy technicians
- We will be working with GPhC and CQC to explore how the current standards and statements can empower pharmacists and support their workforce wellbeing.
- We will hold another WWB roundtable towards the end of 2024 or early 2025

Access to DPP (Heidi/Laura)

Highlights

- Ongoing conversations with stakeholders organisations about the current challenges around DPP's and the varying situations in each country

Next Steps

- Refresh of the RPS DPP Competency Framework scheduled to start in the second half of 2024
- A position statement on DPP's and the support needed to encourage pharmacists to undertake the role is being discussed at this meeting as a separate agenda item

Workforce Numbers (James)

Highlights

- Following the publication of the long-term workforce plan in England we have continued to discuss the implications with leaders in the NHS. In Wales and Scotland we continue to work closely with HEIW and NES.

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- We are aware of more Schools of Pharmacy beginning the process with the GPhC, to drive up numbers in pharmacy.
- Applications to Pharmacy courses remain strong and seem to be outperforming other medical professions (medicine & nursing) in terms of meeting long term workforce plan ambitions.
- Our primary areas of concern is on the foundation year for 2025/2026 and the challenges associated with identifying DPPs for this group.
- In Scotland we are concerned about funding constraints in relation to FYT places for coming years as numbers entering university courses increases.
- We are continuing to input into Scottish Government work around the challenges facing remote and rural communities with regards the healthcare workforce.

Next Steps

- Continue to closely monitor the situation with regard to Oriel program in 2025.
- Continue to input into Remote and Rural working group and work with CPhO and CPS to develop key messages from pharmacy.

I&D (Aman)

Highlights

- The RPS have been working with the NIHR Architecture in Pharmacy group to help promote the project to pharmacy stakeholders. The project team are hosting an exhibition which we are participating in. The museum team have provided material for the exhibition and we will be joining two panel sessions. The museum team are also exploring dates to host a pop exhibition at the RPS building.
- Hosted a successful International Women's Day event in collaboration with APTUK, BPSA, FPLN, GHP, PToC and UKBPA
- Equality Impact Assessments – working towards embedding these as BAU across membership products, shared learnings with the A&C team at the NHSE LGBT conference on how to make an inclusive curriculum.

Next Steps

- Pride Month – walking with RPS members in Cardiff Pride and publishing an LGBTQIA+ glossary to support members of the profession understand terminology
- Working with stakeholders to plan this years South Asian Heritage Month event
- Invited to participate in this years APTUK conference, running an I&D workshop
- Working on an updated I&D strategy to be published January 2025

Differential Attainment (Aman)**Highlights**

- The differential attainment report '[Chasing Equality in Pharmacy](#)' report was published 5th February, for the profession in collaboration with a profession wide working group.
- Since publication of the report we have hosted an ABCD meeting dedicated to highlighting the report, hearing from member from the Afro-Caribbean Pharmacy Network (ACPN) on the real life impact of the degree awarding and differential attainment gaps on their mental health and wellbeing, future prospects and aspirations for their careers.
- ACPN are also publishing a series of blogs on different aspects to raise awareness of the impact of the awarding and attainment gaps
- Tase and Aman have presented the report findings at 2 ICS meetings to promote discussions about changes that can be made to local workforce experiences.

Next Steps

- A key action from the report was to host an annual EDI forum focusing on the attainment of black trainees and undergraduate students, work is currently underway to hold a forum on the 4th July online
- A short life working group has been formed to finalise an agenda for the forum and agree speakers and workshop content.
- Terms of reference are currently being drafted for the wider DA working group, which will be finalised and a date for a future meeting will be agreed.

National Pharmacy Board meeting – 19 June 2024

Title of item	Implementing Country Visions
Author of paper	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Cara, Alwyn Fortune, James Davies, Wing Tang
Position in organisation	
Telephone	
E-mail	
Headline summary of paper	To give a progress update on the following areas:- Pharmacist Prescribing (Laura Wilson/Heidi Wright) Environmental Sustainability (Iwan Hughes/Elen Jones) Pharmacogenomics (Cara Mackenzie/Alwyn Fortune) Reducing Health Inequalities (James Davies/Heidi Wright)
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	
Resource implications	

Implementing Country Vision

Pharmacist Prescribing (Laura/Heidi)

Highlights

- We continue to meet with NHS England to discuss the pathfinder sites and the support RPS can offer
- We are exploring the issues around DPPs and working with other organisations to look at potential solutions
- Between October 2023 and April 2024 we have had:
 - 60,000 unique visitors to the prescribing home page
 - Number of users who log into their membership to view prescribing content has trebled
 - 3,500 viewers of expanding scope of practice
 - 3,000 users have visited the prescribing competency framework
 - 2,700 users of new prescribing checklist
 - 5,000 users of MEP prescribing sections
 - Major prescriber training contract won with Health Education and Improvement Wales
 - 15% increase in RPS prescribing members
- 597 users have visited the policy page on the separation of prescribing and dispensing (563 of these were non-members)
- Creation of a “Funding for aspiring prescribers” section to the RPS prescribing hub <https://www.rpharms.com/resources/pharmacy-guides/pharmacist-prescribers-guide/becoming-a-prescriber>
- Integration of PJ prescribing content across the RPS prescribing hub

Next Steps

- We will develop and publish a position statement on DPPs following up with professional guidance to implement
- Inclusion of the RPS Competency Framework for all Prescribers, RPS DPP Competency Framework for all Prescribers and Extending Scope of Practice professional guidance within the next iteration of the Medicines, Ethics and practice Guide.
- Refresh of the RPS DPP Competency Framework is scheduled to start in the second half of 2024

Environmental Sustainability (Iwan/Elen)Highlights

- Work on developing a Greener Pharmacy Toolkit for Community and Hospital pharmacy in order to implement RPS sustainability policies continues.
 - Post-consultation, descriptors are in the final process of being agreed between the commissioning organisation NHS England and RPS subject-matter experts.
 - Contracts for the technology component have been signed with a developer and the toolkit build has commenced.
 - Away from the work on the toolkits, we have continued to engage with the UK Health Alliance on Climate Change and supported a joint letter to MPs to share health/sustainability priorities for the next general election.
 - We were also pleased to receive our results for the climate scorecard initiative where we finished in the top spot in the Climate and Health Scorecard Initiative category for 'health associations, colleges, societies and centres of education with premises and staff'. This was a particularly useful exercise to identify where we can make more improvements in our work on sustainability and climate action.

Next Steps

- User acceptability testing and Beta testing are expected by August 2024. This will provide further opportunity for stakeholder refinement

Pharmacogenomics (Cara/Alwyn)Highlights

- Actively participating in the task and finish group to refresh the 'Direct to consumer Genomic Testing' position statement in association with BSGM and RCGP
- Responding to the consultation on 'Actions within the Genomics Strategic Workforce Plan - NHS Wales HEIW', with an opportunity to highlight and align some of our policy asks

Next Steps

- Continue to participate and inform the refresh of the 'Direct to Consumer Genomic Testing' position statement
- Continue to support members with Pharmacogenomics resources and educational material

Reducing Health Inequalities (James/Heidi)**Highlights**

- As part of our campaign about prescription charges, we have continued to advocate for their removal in England.
- In May, when the prescription charge increases, we had wide spread media coverage highlighting the inequities in this area.

Next Steps

- We have continued our work with THT in relation to provision of PrEP from community pharmacy. We continue to work with BASH and others to develop the service pathways to support this service, with a particular focus on access in rural areas.
- Our work on medicines shortages has highlighted the way that these can exacerbate inequalities and will be shining a light on this in the report later in the year.

National Pharmacy Board meeting – (Date)

Title of item	Pharmacy: Delivering a Healthier Wales (PDAHW)
Author of paper	Alwyn Fortune
Position in organisation	Policy Lead (Wales)
E-mail	Alwyn.fortune@rpharms.com
Item to be led at the meeting by	Alwyn Fortune & Elen Jones
Headline summary of paper	To update Boards on current progress with the delivery of the vision for pharmacy in Wales, PDAHW, and discuss next steps/forward plan the role of RPS in leading this workstream.
Purpose of item (decision / discussion)	Discussion and decision
For consideration	<p>The board are asked to;</p> <ul style="list-style-type: none"> a) Note the progress to date b) Discuss and agree the ongoing support for RPS to be leading the development of future aspects of the vision, notably developing the 2028 goals c) Consider the resource needed when building the business plan for 2025
Risk implications	Ensuring RPS maintains the leadership role in the eyes of the profession and wider stakeholders including Welsh Government.
Resource implications	Staff capacity Financial commitment of travel, publishing costs etc

Pharmacy: Delivering a Healthier Wales (PDaHW)

Background:

Pharmacy: Delivering a Healthier Wales (PDaHW) is the 2030 vision for pharmacy in Wales. Launched in 2019, the vision sets long term ambitions for how patients will benefit from the expertise of pharmacy teams by 2030. It also includes several interim, three-year goals that act as stepping-stones toward the vision.

In March 2018, a report by the public accounts committee of the Senedd into medicines management, set out a recommendation for Welsh Government to “set out a plan to maximise the use of pharmacy resource”.

Welsh Government accepted the recommendation, stating “We will ask the Welsh Pharmaceutical Committee to work with stakeholders including the Royal Pharmaceutical Society to develop a plan describing the future roles of pharmacy professionals in Wales and the steps to be taken by all stakeholders to maximise their use”.

Responding to the Welsh Government request, the Welsh Pharmaceutical Committee asks RPS Wales to project manage and author a 10-year vision for the profession in September 2018.

Following widespread engagement over several months, a ‘vision for the profession, by the profession’ is submitted to Minister for Health and Social Services in May 2019, PDaHW is born.

Following establishment of a Delivery Board by Welsh Government, the profession moves towards achieving interim three-year goals. With the timeline for the first set of goals to 2022 nearing an end, the Welsh Pharmaceutical Committee and Welsh Government again asks RPS to project manage engagement and author new 3-year goals to 2025.

RPS currently provides administrative support and direction to the Delivery Board as part of its agreement with Welsh Government. Current work of the RPS team involves wider engagement with the profession, management of the delivery board and associated subgroups as they work towards the 2025 goals and driving the vision forward. Anna Croston is the appointed lead for this work, supported by the wider RPS Wales team.

In terms of engagement, Anna Croston, as project lead for this work has provided the following as a brief overview of recent activity.

- Champion's Network now has 230 members signed up.
- Third newsletter distributed on the 28th May.
- 12 Community Pharmacy Collaborative meetings attended.
- 5 hospital visits conducted across Wales, with a further 2 booked.
- Virtual presentation booked to the whole of Powys pharmacy team on 3rd June.
- St Mary's Pharmaceutical Unit visited with presentation of the work.

- PDaHW attended the Swansea University Oriel Day
- PDaHW has been present at 2 RPS/HEIW IP Dermatology events.

Under the terms of reference, the delivery board and associated subgroups have recently undergone a refresh, with those wishing to step back from the board doing so. Advertisements for available positions on the delivery board and subgroups generated much interest, and a virtual drop in was held for those interested to attend to gain further insight. Appointments have subsequently been made which should bring fresh impetus and perspectives to the groups, whilst some subgroups have seen a refresh of the Chair in addition.

As we move forward into the remainder of 2024 with a view towards 2025, we will need to consider not only reviewing the progress towards the 2025 goals, but how we engage with key stakeholders and the profession around developing interim 2028 goals and the subsequent launch of these.

Questions for consideration:

- Is the Board content with the work of the RPS team currently around the administrative support it provides to the established Delivery Board and the wider engagement?
- As part of its work in Business planning to 2025, is the board content that the RPS leads on the review of the 2025 goals with wider stakeholders and through engagement, develops goals to 2028, under the terms of the agreement with Welsh Government. These could potentially be launched later in the year as part of an RPS Wales 2025 conference.
- Assuming appropriate commissioned resource is in place through Welsh Government and under the direction of the Welsh Pharmaceutical Committee, are the Board content that RPS Wales will continue to provide administrative support and leadership to the PDaHW Deliver Board post 2025?

What we are looking to achieve. (Discussion based on questions above)

- Ensuring the RPS continues to provide leadership in helping to drive the vision for Pharmacy in Wales forward, helping to maintain and enhance our reputation within the profession.
- Ensuring the RPS team has the adequate time and resource dedicated to deliver the outlined aims to 2025 and beyond.
- The Board to consider the very first draft of an outline plan for 2025 Goal setting and subsequent launch. (**Figure 1**)

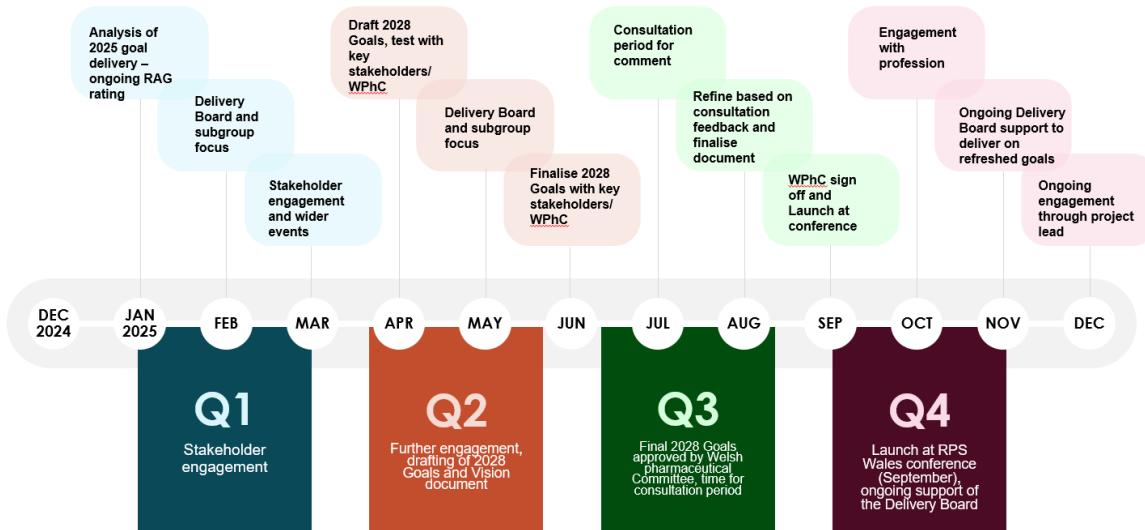
Recommendations:

We recommend, subject to appropriate ongoing commitment from Welsh Government and approval from Welsh Pharmaceutical Committee,

- RPS Wales continues to provide ongoing administrative support to the Delivery Board of PDaHW, whilst providing leadership within this workstream.
- The Board considers the workload needed to review the current interim 2025 goals and develop new 2028 goals through engagement with the profession, stakeholders and after a consultation period. This would need to be factored into 2025 business planning.
- The RPS Wales 2025 conference is used as a vehicle to launch new interim goals to 2028.

Figure 1.

PDaHW 2028 goal setting



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National Pharmacy Board meeting – 19th June 2024

Title of item	Open Sale of P Medicines in Community Pharmacy
Author of paper	James Davies Director for England James.davies@rpharms.com
Position in organisation	
Telephone	
E-mail	
Item to be led at the meeting by	James Davies
Headline summary of paper	RPS Policy in relation to the sale and supply of P medicines from registered pharmacy premises.
Purpose of item (decision / discussion)	The purpose is to decide on the future direction of RPS policy in relation to the open sale of pharmacy medicines in community pharmacy.
For consideration	The boards are asked to provide clarity on the future RPS policy position.
Risk implications	Reputational and Member Risks
Resource implications	Current Staffing Resource

Open Sale of P Medicines in Community Pharmacy

Questions for consideration:

- The boards are asked to consider if the current RPS position of "*Pharmacy medicines must not be accessible to the public by self-selection*" is still a valid position to hold and maintain.
- Should the current RPS Policy and position in relation to the open sale and supply of P medicines be changed in line with evolving practice?

Introduction

Under the Medicines Act (1968) a pharmacy medicine, (P Medicine) is a medicinal product that can be sold from a registered pharmacy premises by a pharmacist or a person acting under the supervision of a pharmacist. (Part III, Section 52)

- (a) that person is, in respect of that business, a person lawfully conducting a retail pharmacy business;
- (b) the product is sold, offered or exposed for sale, or supplied, on premises which are a registered pharmacy; and
- (c) that person, or, if the transaction is carried out on his behalf by another person, then that other person, is, or acts under the supervision of, a pharmacist.

The Medicines Ethics and Practice guide of the RPS additionally states that pharmacy medicines "*must not be accessible to the public by self-selection*".

Following changes brought about from GPhC outcomes approach to standards, there are pharmacies that are now flexing the approach to the open sale and self-selection of P medicines.

The national pharmacy boards are asked to consider current RPS policy position and decide on how to approach the changing landscape in community pharmacy.

Background

There is a long history of tension regarding the self-selection of P medicines.

The law was tested by Boots in 1951, when self-service in shops was new. Boots allowed customers to select P medicines, put them in wire baskets and take them to the till. Since a pharmacist was in attendance at the till, the high court and the court of appeal held that sale of P medicines had lawfully been made under supervision.

However, the RPSGB as the regulator brought in the provision that "*Pharmacy medicines must not be accessible to the public by self-selection*", preventing this practice from continuing. This was generally understood to mean that medicines are not available for

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self-selection and must be out of reach to the public, behind the medicines counter or in locked cabinets.

This was followed over the years by several cases where organisations sought to change the self-selection to P medicines, using empty boxes on display and other approaches to help drive consumer awareness of P Medicines.

Most recently this came to a head in September 2012 when the GPhC, who had recently formed as the regulator, launched a consultation on premises standards which moved regulation towards an outcome-based approach. In these standards they removed the explicit standard on the self-selection of P-medicines.

During this consultation process, the RPS (and other pharmacy organisations) objected to this and raised strong concerns with the GPhC.

The GPhC stated that the prohibition of the sale of P medicines from open display should no longer apply within the standards. Instead, a decision on whether or not P medicines should be on self-selection should be made locally by owners or superintendents.

The GPhC stated that there were to be three pre-conditions:

- Pharmacies would need to notify the GPhC of their intention to allow P medicines on self-selection.
- Guidance on compliance for pharmacies would need to be developed and communicated in advance.
- The current arrangements (no P medicines on self-selection) would remain in place until new enforcement rules came into effect).

The GPhC have since gained those enforcement powers and as such there are no specific barriers that prevent owners from allowing P medicines on open display. The GPhC require owners and superintendents to make a full assessment of their pharmacies before allowing P medicines on open display – looking at potential risks, training and staff views.

Legally speaking the sale and supply of a P medicine must take place in a registered pharmacy premises under the supervision of a pharmacist. The GPhC have confirmed that this must continue to be the case, and that appropriate measures should be in place to ensure that supervision continues. They believe that the wider GPhC premises standards provide for this. [1].

However, the GPhC have confirmed that they work to an outcome-based approach to the standards and no-longer explicitly prohibit self-selection. As a result of this some pharmacies have begun to consider the open sale of P medicines in their pharmacies. The most notable of these is Boots, which has begun a pilot of open sale of P medicines in a

¹ GPhC (2018) Standard for Registered Pharmacies.

https://assets.pharmacyregulation.org/files/document/standards_for_registered_pharmacies_june_2018_0.pdf

pilot of pharmacies, with re-designed pharmacy counters allowing patients access to the “back wall”.^[2] [The linked website (Reference 2) shows photo and images of the pharmacy counter setup].

Their view is that the blunt instrument of “*no self selection*” doesn’t consider the various ways in which pharmacies could support access to medicines creatively and has publicly stated they believe the rules are outdated [3].

The RPS Policy Position

In July 2013 the RPS formally adopted all policy from the RPSGB, until such a time that the RPSGB policy is repealed and superseded. Therefore, the 2009 RPSGB Code of Practice came into force for RPS policy, which explicitly called out the prohibition of self-selection of P medicines.

In 2013 the RPS argued that on professional and patient safety grounds that all community pharmacists should continue to keep their P medicines in the safe environment of the pharmacy counter and not out on self-selection. The RPS published an interim statement of professional standard on the supply of Over-the-Counter Medicines [4]. This re-iterates the RPS Position “*Pharmacy medicines must not be accessible to the public by self-selection*”.

This position has persisted in the MEP and continues to be the main policy position of the RPS.

In 2013, when the GPhC were consulting on changes to the open sale of P Medicines the RPS objected strongly. At the time the RPS believed that self-selection would take control away from the pharmacist regardless of the planned safeguards and it voiced fears that the GPhC would pay little attention to the objections. The RPS expressed concern that the nature of the consultation is likely to change from one where patients are guided to the medication that is most beneficial for them to a conversation where a pharmacist is required to try and retrieve an unsuitable drug from the hands of a patient.

The RPS continues to support the wide use of OTC medicines, and has long campaigned for the wider access to self-care treatment working closely with the Self-care Forum to help drive a self-care agenda in government. The RPS recognise the huge value that self-care and treatment can provide to patients and the public, and support patients having greater access and information to self-care treatments.

² Boots (2024) Pharmacy Medicines. <https://www.boots.com/health-pharmacy/pharmacy-medicines>

³ C&D (2013) GPhC brands P meds rules anachronistic. <https://www.chemistanddruggist.co.uk/CD016154/GPhC-brands-P-med-rules-anachronistic-in-defence-of-self-selection>

⁴ RPS (2016) Interim statement on supply of OTC Medicines.

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/interim-statement-of-professional-standard-supply-of-otc-medicines.pdf?ver=2016-10-10-102722-000>

The Arguments for Change

On one hand:

- The self-selection of P medicines could be seen as in the interests of consumers and patients as it allows them access a medication to consider a potential purchase - and still gives pharmacists an opportunity to refuse a sale if it would not be appropriate.
- Open selection allows patients to read the information that is provided by manufacturers on the packaging and exposes patients to a wider range of medications, enhancing their choice and understanding. Advocates of this approach suggest that this provides greater patient empowerment.
- This approach makes healthcare more transparent and accessible in line with current government initiatives. This drives a more informed public and helps people make better choices and provides wider access to a range of treatments.
- This may also provide a way for pharmacies to increase their over-the-counter sales, to maximise business and help bridge the gap created by the downfall in income in the sector in recent years.
- Keeping medications in this way perpetuates the paternalistic nature of healthcare that has been criticised by patient groups.

On the other hand:

- P medicines have been classified in this way in order to protect the public. They have been deemed by the MHRA to require an additional level of protection because they have the potential for harm (large packs of paracetamol for example), or might be dangerous in other ways (side-effects, interactions etc.)
- Putting them onto open display and into the hands of customers may make the decision not to sell, more challenging.
- Open sale may present an increased risk of shop lifting and diversion of some of these products.
- The opportunity to prevent the sale of P Medications, with the potential to harm, would be diminished, if they were on open display, thus making it easier for patients to abuse or cause accidental harm.
- There may be confusion by the general public by allowing the pharmacy owners or Superintendent Pharmacists to decide whether the self-selection of P Medicines. One pharmacy may allow self-selection and another not, leading to confrontation with pharmacy staff.

- The more commercially minded owners may dilute the reputation of pharmacies as being guardians of healthcare and ensuring the safe use of medication.

Additional Considerations

There are an increasing number of providers that sell and supply P medicines online through pharmacies. These P medicines are sold through websites that allow consumers to select a product and add it to a virtual basket. As a result, the patient is effectively “self selecting” the product. By having a barrier in physical premises that is not in place in digital structures may act as an impediment to brick-and-mortar pharmacies. The RPS, in consultation responses, has previously called out concerns about “product led” websites, instead calling for such approach to focus on the condition and consultation.

It is worth noting that the current regulations specify the sale must be under the supervision of a pharmacist. There is a closed consultation on legislative changes to supervision regulations that is underway. These may allow for the sale of P medicines under the supervision of a pharmacy technician operating with delegated authority. The board may wish to consider the possible implications of the legislative changes that may be coming.

The current practice of community pharmacy is evolving and changing to include innovations. The RPS may wish to consider its position in relation to being innovative in the practice being supported and delivered.

Question to the Board

The boards are asked to consider if the current RPS position of “*Pharmacy medicines must not be accessible to the public by self-selection*” is still a valid position to hold and maintain.

Options Appraisal

There are three suggested options that boards are asked to consider:

Option 1

Maintain the current RPS policy position of “*Pharmacy medicines must not be accessible to the public by self-selection*” and advocate for this position to be reconsidered by the GPhC and Pharmacy Owners.

Option 2

Evolve the existing RPS Policy to provide a new policy position of “*Pharmacy medicines should only be accessible to the public by self-selection in the event (insert conditions A B C D) are met*”

If boards choose this option, they may wish to discuss those elements that should be in the conditions A, B, C, D. These may include risk assessments, annual review, only under pharmacist direct supervision. etc

Option 3

Change the RPS policy to support the wider open selection of P medicines “*Pharmacy medicines should be available to the public by self-selection*” and provide guidance and advice to encourage pharmacy owners to enhance access to P medicines.

The boards are asked to provide a steer on the future direction to be taken by the RPS in relation to this issue.