

Scottish Pharmacy Board – Election of officers

18 June 2024

Cadbury House, Yatton, Bristol.

Separate Country Team Discussions

Time	Subject	Lead Person
Observers to join the meeting		
17:35	Declarations of interest (24.06/SPB/09(ii))	Laura Wilson, Director for Scotland & Secretary to the Scottish Pharmacy Board
	Election of Chair - refer to amended Regulations Appendix E (24.06/SPB/079(i)) Election of Assembly member - refer to amended Regulations Appendix C (24.06/SPB/07(ii))	Laura Wilson, Director for Scotland & Secretary to the Scottish Pharmacy Board
Observers to leave the meeting		

ROYAL PHARMACEUTICAL SOCIETY

19 June 2024 – Board Business Meeting

Cadbury House, Yatton, Bristol.

Separate Country Team Discussions

Agenda No	Time	Subject	Papers/Verbal	Lead Person
	08:45	Tea and coffee will be available (Boards to be in separate rooms for individual country board meetings)		
24.06.SPB.08	09:00	Open Business (separate) Welcome, Introduction to the new board members	Verbal	Chair
24.06.SPB.09	09:05	<ul style="list-style-type: none"> • Approval of Past Minutes (i) • Record of the new board members • Past Action Updates (i) • Declarations of Interest SPB (ii) • Powers and Functions of the Board (to note) (iii) • Sectoral places decision (taken annually) (iv) Paper for Noting: <ul style="list-style-type: none"> • Professional Issues (v) • Strengthening pharmacy governance (vi) • Workforce (vii) • Implementing Country visions (viii) 	24.06.SPB.09 (i) 24.06.SPB.09(ii) 24.06.NPB.09(iii) 24.06.NPB.09 (iv), 24.06.NPB.09 (v), (vi), (vii) & (viii)	Chair
24.06.SPB.10	09:15	Public Affairs – (Scotland)	Verbal	Ross Barrow

ROYAL PHARMACEUTICAL SOCIETY

		<ul style="list-style-type: none"> Public Affairs Approach to Scotland Plans for rest of 2024 and start of 2025 Election Manifesto <p>Feedback on activities and engagement</p>		
24.06.SPB.11	09:30	Women's Health Plan <ul style="list-style-type: none"> Discussion of current WHP Discussion on areas of focus for new SG WHP pharmacy input 	Verbal	Laura Wilson/Fiona McIntyre
24.06.SPB.12	09:45	2025 Planning <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	Laura Wilson
	10:45	Break Teas and Coffee – Back to all bords together		
24.06.NPB.13	11:00	Open Sale of P Medicines in Community Pharmacy <i>Invited Guests: Clare Nevinston, 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 Presentation from Boots regarding their P sale model pilot 	24.06.NPB.13	Country Directors

ROYAL PHARMACEUTICAL SOCIETY

		Discussion and decision about future direction of the policy.		
24.06.NPB.14	12:30	Any other business and Close of Open Business		

Scottish Pharmacy Board meeting 18 June 2024

Title of item	Appointment of a Scottish Pharmacy Board (SPB) Chair
Open, confidential or restricted item	Open
Author of paper	Carolyn Rattray
Position in organisation	Business Manager Scotland
Telephone	0207 572 2225
E-mail	mailto:carolyn.rattray@rpharms.com
Item to be led at the meeting by	Laura Wilson
Purpose of item (for decision or noting)	Decision
Headline summary of paper	To appoint an SPB member as Chair

**Appointment of SPB member as Chair of the Scottish Pharmacy Board and
SPB representative to the Assembly**

Current SPB Chair: Andrew Carruthers

Andrew Carruthers, Chair (demits from Board June 2024)

Andrew Carruthers did not re-stand for election but as his tenure as Chair has ended, it is necessary to appoint/elect an SPB member as Chair of the Scottish Pharmacy Board. Whoever is appointed/elected as Chair, is automatically appointed as an SPB representative on the RPS Assembly; the period of office will be for two years. The appointment/election of chair is in accordance, with the process for election set out in Appendix E of the Regulations.

Carolyn Rattray
Business Manager, Scotland
June 2024

Laura Wilson
Director for Scotland
June 2024

APPENDIX E – PROCEDURE FOR THE ELECTION OF CHAIR AND VICE-CHAIR OF THE NATIONAL PHARMACY BOARDS

The election of the Chair and Vice-Chair will be held biennially, entirely in public business, with the voting recorded, at the start of business at the first formal meeting of the Board following the annual election of members to fill vacant places in the requisite Chair/Vice Chair election year.

Each candidate standing for election as Chair or Vice-Chair shall make a declaration of interests at the time of her/his nomination.

The nomination and election procedures are set out below.

In the event that there is only one candidate nominated for any post, the Board will be asked to confirm that the person is duly elected.

The confirmation process shall be as per the process for confirming the second year of a term of office outlined at 7.5.4 in the Regulations.

The voting shall be reported to the Board and recorded in the minutes.

Once the elections have been completed, the names of the candidates, the names of the newly-elected Chair and Vice-Chair and the address submitted by the newly-elected Chair will be published.

Nominees do not need to be personally present at the meeting.

The use of mobile devices and/or laptops will not be permitted at the meeting for the duration of the election process.

Candidates for the position of Chair and/or Vice-Chair should be nominated by a Board member and seconded by another Board member. All nominations must be received in writing by the Board's Secretary at least 11 calendar days before the Board meeting at which the election is to take place, with a 12 noon deadline. The specific deadline for nominations in a given year will be communicated to Board members by the Board's Secretary.

English and Welsh Pharmacy Boards only: the Chair is not allowed to propose or nominate a Vice-Chair.

Unsuccessful candidates standing for Chair will, in any year when both Chair and Vice-Chair are to be elected at the same time, be automatically eligible to subsequently stand for Vice-Chair at the same meeting.

Candidates for both positions are required to produce an address of up to 1,000 words outlining how they meet the job requirements and setting out their vision and objectives. This must be received by the deadline specified for nominations. The address must be in plain text and not include any photos, images, graphics, website addresses or urls.

The names of those nominated and the names of the nominators will be circulated with the text of addresses to reach Board members by one week before the Board meeting.

The content of the addresses will be confidential to the Board until after the election has taken place.

The Society's Legal Counsel or another appropriate member of staff will be present at the meeting to provide clarity on any part of the process if necessary.

1 Chair

The Board's Director will take the chair for the election of the Chair. Voting will follow the procedure set out in section 2 below.

The newly-elected Chair may make a short statement following election.

Scottish Pharmacy Board meeting 18 June 2024

Title of item	Appointment of a Scottish Pharmacy Board member to the Assembly
Open, confidential or restricted item	Open
Author of paper	Carolyn Rattray
Position in organisation	Business Manager Scotland
Telephone	0207 572 2225
E-mail	mailto:carolyn.rattray@rpharms.com
Item to be led at the meeting by	Laura Wilson
Purpose of item (for decision or noting)	Decision
Headline summary of paper	To appoint 1 SPB member to the Assembly

Appointment of 1 SPB member to the Assembly

Current SPB Assembly members:

Andrew Carruthers, Chair (demits from Board June 2024)

Audrey Thompson (Assembly term expires 2024)

Andrew Carruthers did not re-stand for election. Whoever is elected as Chair, is automatically appointed as an SPB member to the RPS Assembly; therefore, we 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.

Carolyn Rattray
Business Manager, Scotland
June 2024

Laura Wilson
Director for Scotland
June 2024

APPENDIX C - PROCEDURE FOR APPOINTMENT OF NATIONAL BOARD MEMBERS TO THE ASSEMBLY

Any sitting President will automatically be appointed as a Board Assembly representative for their respective National Board. National Board members appointed to serve as a Board representative on the Assembly serve a two year term of office on the Assembly, provided they remain elected to their relevant National Board.

Board members elected to fill casual vacancies will be eligible to be appointed to the Assembly. Co-options to the Boards will not be eligible to be appointed to the Assembly.

1 Voting Procedure

Board members may nominate themselves or others and should be seconded by another Board member.

Candidates are required to produce an address of up to 1,000 words outlining how they meet the role requirements and setting out their vision and objectives. This must be received by the deadline specified for nominations. The address must be in plain text and not include any photos, images, graphics, website addresses or urls.

All nominations must be received in writing by the Board's Secretary at least 11 calendar days before the Board meeting at which the election is to take place, with a 12 noon deadline. The specific deadline for nominations in a given year will be communicated to Board members by the Board's Secretary.

The names of those nominated and the names of the nominators will be circulated with the text of addresses to reach Board members by one week before the Board meeting.

The content of the addresses will be confidential to the Board until after the election has taken place.

The appointment of Board members to the Assembly will be held entirely in public business, with the voting recorded, at the start of business on the first formal meeting of the newly elected National Pharmacy Board meetings.

The Society's Legal Counsel or another appropriate member of staff will be present at the meeting to provide clarity on any part of the process if necessary.

The use of mobile devices and/or laptops will not be permitted at the meeting for the duration of the election process.

Only those Board members present at the meeting are entitled to vote and proxy votes are not permitted.

Each candidate standing for appointment to the Assembly shall make a declaration of interests at the time of their nomination.

The Director of the Board will read the names of the candidates and each candidate who is present will be invited to make a short supporting speech of no more than two minutes. Nominations will close before the first vote is taken. Nominees may vote for themselves.

Voting will be by a secret ballot at the meeting of those members present who are entitled to vote.

The voting shall be reported to the Assembly and recorded in the minutes. Once the elections have been completed, the names of the successful candidates will be published. Successful candidates will be invited to make a short statement following their election.

The election procedures for each Board are set out below.

2 English Pharmacy Board (EPB)

Five elected members of the EPB are appointed to the Assembly in addition to the Chair and Vice Chair. In the event that the sitting President is a member of the EPB, only four members will need to be elected.

In the event that there are only as many candidates nominated to the Assembly as there are places to be elected, the EPB will be asked to confirm that those persons are duly appointed. If there are more candidates then a secret ballot will be held using the One Member One Vote system (ie each EPB member has up to 5 votes for up to 5 places).

The EPB candidates that receive the highest number of votes by the OMOV system will be elected to the Assembly. If two or more candidates tie with the next highest number of votes, a separate ballot involving only those candidates will be held to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

3 Scottish Pharmacy Board (SPB)

One elected member of the SPB is appointed to the Assembly in addition to the Chair of the Board, which does not have to be the Vice-Chair. In the event that the sitting President is a member of the SPB, there will be no need to appoint an additional member to the Assembly. In the event that there is only one candidate nominated to the Assembly the SPB will be asked to confirm that person as duly appointed. If there is more than one candidate then a secret ballot will be held using the One Member One Vote system.

The SPB candidate that receives the highest number of votes will be elected to the Assembly. If two or more candidates tie with the highest number of votes, a separate ballot involving only those candidates will be held to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the SPB meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further supporting speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

4 Welsh Pharmacy Board (WPB)

One elected member of the WPB is appointed to the Assembly in addition to the Chair of the Board, which does not have to be the Vice-Chair. In the event that the sitting President is a member of the WPB, there will be no need to appoint an additional member to the Assembly. In the event that there is only one candidate nominated to the Assembly the WPB will be asked to confirm that person as duly appointed. If there is more than one candidate then a secret ballot will be held using a One Member One Vote system.

The WPB candidate that receives the highest number of votes in a OMOV will be elected to the Assembly. If two or more candidates tie with the highest number of votes, a separate ballot

involving only those candidates will be held to decide which of these candidates is to be elected. If there is still a tie after this second ballot, the WPB meeting will be adjourned for five minutes and on its resumption, the candidates will be asked to make a further supporting speech in support of their nominations for the Assembly position. A further vote will then be taken. If the vote is still tied the Chair will be asked to make the decision on who will sit on the Assembly.

SCOTTISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday held on Wednesday 7 February 2024, at 09:30 at the offices of Community Pharmacy Scotland, 42 Queen Street, Edinburgh, EH2 3NH and by Teams.

Present:

Iain Bishop (IB)	Kelsey Drummond (KD)
Tamara Cairney (TC)	Jill Swan (JS)
Andrew Carruthers (AC)	Richard Shearer (RS)
Omolola (Lola) Dabiri (OD)	Audrey Thompson (AT)
Lucy Dixon (LD) (TEAMS)	

Apologies:

Josh Miller (JM), Catriona Sinclair (CS) and Jacqueline Sneddon (JS).

In attendance:

Professor Claire Anderson (CA), RPS President, Amandeep Doll (AD), Head of Engagement & Professional Belonging, Zainab Hayat (ZH), Pharmacy Professional Engagement Lead – Scotland and the North, Cara Mackenzie (CM), Clinical Leadership Fellow, Fiona McIntyre (FM), Scottish Practice & Policy Lead, Liz North (LN), Head of Strategic Communications Carolyn Rattray (CR), Business Manager and Laura Wilson (LW), Director for Scotland,

Observers:

There were 3 RPS Member observers.

24.02.SPB.01	Welcome and Apologies <i>Led by Andrew Carruthers (AC), SPB Chair</i>	
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	<p>The Chair welcomed board members, staff, invited guests and observers to the meeting.</p> <p>Apologies were received from: Josh Miller (JM), Catriona Sinclair (CS) and Jacqueline Sneddon (JS).</p>	
24.02.SPB.02	<p>Declarations of Interest <i>Led by Andrew Carruthers</i></p> <p>The SPB noted paper 24.02/SPB/03(a) Board Members (BMs) were asked to send any updates to CR.</p> <p>The SPB noted paper 24.02/SPB/03(b)</p> <p>Action: BMs to feedback any changes to declarations of interests to CR. Action: CR to add Pharmacist, NHS Forth Valley, to AT's declaration of interests.</p>	BMs/CR CR
24.02.SPB.03	<p>Minutes and matters arising</p> <p>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 Iain Bishop; seconded by Jill Swan</p> <p><u>Actions:</u> Action No 23/06/07 from NPB minutes – November 2023 Set up a NPB working group to further help and guide policy work and direction of travel in independent prescribing – action through Policy and Stakeholder group. To be actioned once work plan has been confirmed. LW confirmed that this can be actioned now as work plan has been approved.</p>	LW/BMs
24.02.SPB.04	<p>UK Pharmacy Professional Leadership Advisory Board (UKPPLAB) <i>Led by Prof Claire Anderson (CA), RPS President</i></p>	

	<p>CA provided a brief update on progress of the UK. 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. 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.SPB.05	<p>Emergency Hormonal Contraception (EHC) (paper: 24.02/SPB/05) <i>Led by Fiona McIntyre (FM)</i></p> <p>A policy discussion about the benefits of switching EHC from P to GSL.</p> <p>FM provided background and context around the public health challenges of unplanned pregnancies, abortions, etc, availability in Europe and the current RPS position which is that it advises against reclassification of EHC from P to GSL on the grounds of patient safety.</p> <p>The paper was presented to the RPS Community Pharmacy EAG; the CPEAG was unanimous in not wanting to change the classification of EHC. The EAG had concerns around safeguarding and clinical impact re: BMI and dosage. Although the CPEAG opposed the proposed change, other professional organisations were supportive. SPB was concerned that there had been a lack of consultation with RPS; RPS could have provided evidence that might have changed the outcome.</p> <p>Appraisal of options:</p> <ol style="list-style-type: none">1. Maintain status quo2. Advocate for a nationally commissioned service in England3. Advocate for reclassification of oral EHC	

	<p>4. Advocate for reclassification of oral EHC and a nationally commissioned service (in all 3 countries).</p> <p>SPB members were asked for views and then to reach a consensus around proposed changes to the classification. The main points raised were:</p> <ul style="list-style-type: none"> • Changes in classification should not replace current pathways which should continue to be expanded. • 'Making every contact count'. not only a transaction but there could be health implications in terms of health inequalities (HI). Would increase availability for those who can afford to buy EHC but could reduce availability for those who can't. • Need to ensure that we 'get the right way forward' not just about medicines but also about care of patient. Reclassification increases issue of HI. Needs to stay as a clinical service; commissioned as a clinical service across the 3 countries. • Cost, judgement and safeguarding implications. • Can it be available, not only as a GSL but also, as a commissioned service? • Option 4 covers all the options. • Option 4: lends strength re: patient safety and STDs, etc. Also need to educate in schools etc. There is a cost (tax) implication on GSL meds. • Option 4: Huge barriers to accessing EHC from pharmacies, including when pharmacies are open. • Ensure there are no barriers to accessing Sexual Health clinics. • Option 4: Ensure there are no interactions with other medications Focus on the patients as the experts in medicines. Also, education required. Be cautious re: misuse. Shifting towards keeping the existing controls. Equity of access re: HI. • Need to caveat with pack size with clear instructions on dose level (this would require consultation with MHRA). • Women should be able to choose their own destiny. • Provision of services is vital and needs to be formalised by FRSH. • Availability of the internet and safeguarding. Very valid point about PILs. Advocates that should opt 4 or 2 be adopted but that it comes into line urgently. 	
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	<p>At its meeting on 2 February, the EPB was broadly in agreement with Option 2, advocating for free access to EHC and retaining a consultation in a pharmacy for education and support.</p> <p>The SPB voted as shown: Option 1 – 0 Option 2 - 3 Option3 – 0 Option 4 – 6*</p> <p>Therefore, the SPB was broadly in agreement with Option 4, advocating for the reclassification of oral EHC and a nationally commissioned service in all 3 countries.</p> <p>Consensus across GB will be required and so it should be noted that 3 SPB members were in agreement with the EPB decision.</p>	
24.02.SPB.06	<p>Supervision (pertaining to the consultation) (paper: 24.02/SPB/06)</p> <p>LW provided an overview of the DHSC consultation which proposes to modernise legislation. Recent RPS engagement events with RPS members and expert advisory groups (Hospital, Community & Primary Care) indicate that, in principle, this enabling legislation is positive but that there are areas that require further consideration.</p> <p>The RPS position is that there should be a pharmacist in attendance in each pharmacy.</p> <p>The SPB was asked to consider, discuss and then vote on the 3 proposals, taking into account the feedback from the Member events and EAG meetings.</p> <p>Proposal 1 - Introducing delegation via authorisation</p> <p>SPB considered the following:</p>	

- If used correctly, and as intended, it would support and enable pharmacists to deliver more patient facing clinical care and services.
- There was concern around accountability and whether accountability would stop with the PT or would it remain with the pharmacist?
- Concern around meds being dispensed with a clinical check.
- Concern about giving verbal authorisation; it was agreed that authorisation should be documented digitally.
- In effect, it is already happening but that this change in legislation would protect the pharmacist.
- DHSC has indicated that, to implement this change, further work would be required around regulation and guidance.
- PTs authorised would need to be confident, competent and willing to take on that role. There was also a discussion around the robustness of the PT workforce.

The Scottish Pharmacy Board

Supported, in principle, Proposal 1

Introducing delegation via authorisation, but that there should be a pharmacist in every pharmacy.

Proposal 3 – That a PT can be in charge of an Aseptic Unit

There was broad agreement with this proposal from the RPS Member events and the EAG meetings but with the following considerations:

- Accountability – who would overall accountability sit with? It was suggested that the QM systems in place in Aseptic Unit would be well placed to cover this change in legislation.
- Section 10 exemption when products prepared by or under supervision of a pharmacist or qualified PT. Overall responsibility would rest with the Chief Pharmacist.

	<ul style="list-style-type: none"> • Training – Aseptic training has been removed from the MPharm degree and would need to be reinstated. Even if Aseptic training is not reinstated, a PT could receive the appropriate training as and when required. • Competency of person in charge of Aseptic unit – Education, training and competency frameworks would need to be implemented. It was suggested that PTQA and 5 years' experience would be a good requirement for this role. • Variation on how aseptic units operate between sites. <p>Broad agreement from EAG and other experts but some concerns/considerations.</p> <p>The Scottish Pharmacy Board</p> <p>Supported</p> <p>Proposal 3: That a PT can be in charge of an Aseptic Unit.</p> <p>Proposal 2 – Checked and bagged prescriptions</p> <ul style="list-style-type: none"> • Strong consensus that this was a sensible and beneficial proposal. • SPB agreed that pharmacist input should still be available if required. • SPB was mainly supportive but suggested that there should be categories of drugs that might be exempt, e.g. insulin or CDs. <p>The Scottish Pharmacy Board</p> <p>Supported</p> <p>Proposal 2: That a PT can check and bag prescription.</p>	
24.02.SPB.07	<p>Progress on the 2024 GB workplan and Vision for Pharmacy in Scotland</p> <p>LW provided an update on progress of workstreams with the 2024 GB workplan.</p>	

Artificial Intelligence (AI)

Fiona McIntyre (FM), Practice & Policy Lead – Scotland, is leading on the AI workstream; the use of AI in healthcare is increasing all the time and so it is challenging to determine the scope of this workstream. In Q1, the focus is on stakeholder engagement and the Digital Pharmacy EAG has been advising on direction. Q2, the Policy team aims to publish a position statement and scope next steps for further policy work exploring what AI can deliver for pharmacy and how it can be implemented in practice.

Digital Prescribing and Access to Records

Heidi Wright (HW), Practice & Policy Lead – England, is leading on the digital Prescribing access to records workstream. With the expansion of Pharmacy 1st in England, the desire to expand the service in Scotland, and the advances in technology overall, it is important that Pharmacy is at the forefront of digital innovations. Pharmacists need to have comprehensive access to digital records in order to be able to prescribe effectively and the knowledge and skills to be able to use the technology for better patient outcomes. RPS is advocating for access to be rationalised so that all health boards have the same access. Next steps are to produce a position statement on digital capabilities and continue to lobby for access to shared patient data in Scotland. The Labour party has stated that this will be a priority for a Labour Government.

It was noted that the RPS President had written a letter to the Times which had been published the previous day: <https://twitter.com/rpharms/status/1754813092679078198>

Medicines Shortages (MS)

Alwyn Fortune (AF), Practice & Policy Lead – Wales, is the staff lead for the medicines shortages workstream. MS continues to be a massive challenge, and working with stakeholders and focus groups throughout GB, work will continue throughout 2024. A paper will be published by end of 2024.

Gender Incongruence: This is an area that RPS been asked, by different organisations, to consider. RPS is consulting with Members and Health Improvement Scotland (HIS) is consulting on its Gender Identity Standards. There are a range of issues. There is RPS

	<p>existing guidance but needs to be pulled together with a theme of supporting pharmacists specifically.</p> <p>Palliative Care: Wales has rolled out Daffodil Standards in partnership with Marie Curie. Next step is to ensure that they are relevant for England and Scotland and then roll out across GB, to ensure that appropriate palliative care is in place. It is a good example of why pharmacists should have comprehensive access to the clinical care patient record.</p> <p>Assisted Dying: This 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>Action: CR to share CA letter with SPB.</p>	CR
24.02.SPB.08	<p>Updates on Board priority areas</p> <p><u>Medicines shortages:</u> (See above).</p> <p>AI Digital: (See above).</p> <p><u>Gender Dysphoria – including consultation:</u> FM provided a brief 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. The first draft will be shared with the NPBs on Friday 9 February. A focus group meeting was held on 26 January</p> <p>The themes of the consultation demonstrate that a pharmacist has been involved in the editorial group; pharmacists and medicines are mentioned and this is to be welcomed and will be noted.</p> <p>Feedback builds on what is already described:</p>	

	<ul style="list-style-type: none"> • The role of the pharmacist in medicines leadership: including unlicensed, off-label and pathways across transition of care. It provides another opportunity to support access to records to ensure best care. • Standards education – staff: Should include IET around gender identity healthcare in the undergraduate curriculum, compassionate communications in a wider sense than just IET. BMs agreed that the MPharm degree should include wider, more compassionate education than just clinical activities. • Standard 6 - Continuity of Medicines: the challenge of private prescriptions; the EPB reported that some prescriptions are from outside of GB. <p>Feedback from SPB:</p> <ul style="list-style-type: none"> • It was felt that the draft was very positive so far; that it should be general rather than specific. • Recommend appropriate identification; CHI numbers identify gender and can influence how people are directed along certain pathways. SPB recommended that CHI numbers should be changed appropriately. • Recognition that there is concern about transitioning across health boards, services and different care packages. • Rigorous screening required to ensure the correct pathways, to ensure that not impacted negatively. • Concern about fairness re. access to appropriate medicines. • MPharm degree should include ‘soft’ skills, e.g. initiating and having compassionate communications. • Develop a formulary of medications to standardise care between health boards. 	
24.02.SPB.09	<p>Assisted Dying (Paper: 24.02/SPB/09)</p> <p>Laura Wilson (LW), Director for Scotland, provided an update on the bill. The RPS advocates for conscientious objection but is keen to provide support to those who do want to be involved.</p>	

	<p>LW explained that, although the bill is devolved to Scotland, Section 30 is reserved to Westminster. Section 30 refers to the right to conscientiously object. The RPS is to maintain its existing policy but is calling for Section 30 to be included.</p> <p>BM's were asked if they would want to support the bill if Section 30 is not included?</p> <ul style="list-style-type: none"> • Would there be an option for us to message clearly that we support the principles of the bill but cannot support the bill without the section 30. The proposal, as it stands, requires two doctors to sign off the competence of the patient to make a decision. • If they can't have the bill with the Section 30, it would remove the right of other HCPs to conscientiously object. You need to have a Section 30. • Section 30 non-negotiable. If doesn't happen need to stand with the other HCP colleges to get the message across. • Section 30. Also, important to stand with the other HCPs, also reach out to other groups, e.g. cultural, although more aligned to healthcare professions. • Section 30 important. Concerns around equity of access, e.g. conscientious objectors re. EHC. It was confirmed that a pharmacist can object as long as the patient can be sign-posted to appropriate care. <p>The SPB supports the RPS stance to remain neutral. The SPB supports the Bill with caveats, i.e would need to include Section 30. RPS in Scotland will work with the MSP, Liam McArthur, who initiated the Bill in the Scottish Parliament.</p>	
24.02.SPB.10	<p>Engagement</p> <p>The Chair welcomed Amandeep Doll (AD), Head of Engagement and Professional Belonging, and Zainab Hayat (ZH), Pharmacy Professional Engagement Lead (North of England & Scotland) to the meeting.</p> <p>AD confirmed that an engagement plan is being developed. The Luther Pendragon report noted that members are keen to engage more on a face-to-face basis. AD took the SPB through the draft plan, the aim of which is to increase the impact of RPS engagement, raise greater awareness regionally and create a sense of professional belonging with RPS Members and also non-members. It is recognised that the regions should be a core</p>	

	<p>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 main 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 different 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. ZH to advise BMs as how they can support events and also to provide a timetable of proposed events. It was suggested that there should be a digital element to RPS presence at careers' fairs.</p> <p>AD advised that there are a number of Regional Ambassador vacancies, one of which is for the North of Scotland. AD to share the advertisement and BMs to share with their networks are being advertised – need someone for north of Scotland. BMS to share with networks.</p> <p>Action: ZH to advise BMs as how they can support events and also to provide a timetable of proposed events.</p> <p>Action: Lola to support RGU HI lecture and careers fair (8 March).</p> <p>Action: AD to send link to Reg Ambassadors advert: Doll Amandeep (Pharmacy) (External): https://x.com/RPS_Wales/status/17533852142214...</p> <p>Action: BMs to share advertisement with their networks.</p>	
24.02.SPB.11	<p>Political Update and Manifesto</p> <p>LW provided an update on behalf of Ross Barrow (RB), Head of Public Affairs. The RPS GB Manifesto has now been published, is available online and is already being used to engage with politicians. Although there is no confirmed date for the UK election, it is likely to be Oct/Nov 2024; there will be a period of 'purdah' before the general election when no lobbying can take place.</p>	

	<p>There is a proposal to have a series of regional hustings. BMs to contact RB for more information on the hustings: ross.barrow@rpharms.com. LN noted that there are materials for sharing which have been circulated.</p> <p>From a Scottish perspective, the team will lobby Scottish MPs with targeted comms, the team is attending the Scottish Labour Conference on 17,18 and 19 February. Jill Swan and Audrey Thompson are to support the team at the conference.</p> <p>Action: BMs to contact RB if keen to support hustings in their area.</p>	
24.02.SPB.12	<p>Papers for noting (24.02/SPB/12)</p> <p>The SPB noted the following papers: 24.02/SPB/12</p> <ul style="list-style-type: none">i. Science & Research updateii. Education updateiii. Implementing Country Visioniv. Strengthening Pharmacy Governancev. Professional Issuesvi. Workforcevii. NPB elections	
24.02.SPB.13	<p>Any other Business</p> <p><u>Health Inequalities – Language barriers.</u></p> <p>This matter was raised by an EPB member and, as a result, WT drafted a paper, with various options, for noting. It was agreed that something should be done but, to do anything this year, it would mean that we would need to lose a priority from the existing workplan. It was agreed to keep the current plan as it is and include in the workplan for 2025.</p>	

24.02.SPB.14	Dates of next meetings <table border="1" data-bbox="719 236 1512 464"> <tr> <th>England</th><th>Scotland</th><th>Wales</th></tr> <tr> <td>18 and 19 June</td><td>18 and 19 June</td><td>18 and 19 June</td></tr> <tr> <td>17 September</td><td>18 September</td><td>19 September</td></tr> <tr> <td colspan="3">7 November Joint meeting for England/Scotland/Wales in London day before RPS.</td></tr> </table> <p>There may be an evening meeting before the June 2024 meeting.</p>	England	Scotland	Wales	18 and 19 June	18 and 19 June	18 and 19 June	17 September	18 September	19 September	7 November Joint meeting for England/Scotland/Wales in London day before RPS.			
England	Scotland	Wales												
18 and 19 June	18 and 19 June	18 and 19 June												
17 September	18 September	19 September												
7 November Joint meeting for England/Scotland/Wales in London day before RPS.														
23.09.SPB.15	Close of meeting at 12:40													

Outstanding action

Item	Action	By whom	Open/Closed/Comments
23.06.07	From NPB minutes NPB set up a board working group to further help and guide RPS policy work and direction of travel in independent prescribing – action through Policy and Stakeholder group. To be actioned once work plan has been confirmed. LW confirmed that this can be actioned now as work plan has been approved.	LW/BMs	Closed

Action List

Item	Action	By Whom	Open/Closed/Comments
24.02.SPB.02	<u>Declarations of interest:</u> <ul style="list-style-type: none"> BMs to feedback any changes to declarations of interests to CR. 	BMs/CR CR	Ongoing Closed

	<ul style="list-style-type: none">CR to add Pharmacist, NHS Forth Valley, to AT's declaration of interests.		
24.02.SPB.07	CR to share CA letter with SPB.	CR	Closed
24.02.SPB.10	<ul style="list-style-type: none">ZH to advise BMs as how they can support events and also to provide a timetable of proposed events.OD (Lola) to support RGU HI lecture and careers fair (8 March).AD to send link to Reg Ambassadors advert: Doll Amandeep (Pharmacy) (External): https://x.com/RPS_Wales/status/17533852142214...BMs to share advertisement with their networks.	ZH OD (Lola)	Open Open
14.02.SPB.11	BMs to contact RB if keen to support hustings in their area.	BMs	Open

Scottish Pharmacy Board

Updated June 2024

Declaration of Interests

Jonathan Burton

- Community Pharmacist & co-owner, Right Medicine Pharmacy – 2000 onwards
- Previous SPB Board Member, RPS, (incl. terms as Chair and Vice-Chair) – 2012-2021
- Previous Assembly Member, Royal Pharmaceutical Society – 2019-2021
- Member, Pharmacy Magazine Editorial Advisory Panel - 2023 –
- Member, Scottish Pharmacy Board – 2024
- Co-Editor of Pharmaceutical Press textbook 'Pharmacy management of Long-Term Medical Conditions
- Assist on sessional basis with workshops & OSCE assessment for Univ. of Strathclyde Independent Prescribing course

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Co-owner, Dornoch Properties Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Laura Fulton

- Director of Pharmacy, NHS Golden Jubilee National Board – January 2023 –
- Chair, NHS Golden Jubilee Medical Gas Safety Group
- Co-chair, NHS Golden Jubilee Drugs and Therapeutics Committee
- Member, NHS Golden Jubilee Climate Change and Sustainability Group and Chair of Health and Care Subgroup
- Member, the Stroke Clopidogrel Gene Test Value Case Steering Group, Centre for Sustainable Delivery
- Member, NHS Scotland Academy Strategic Delivery Group
- Member, NHS Golden Jubilee Research and Development Steering Group
- Member of NHS Golden Jubilee HePMA Programme Board
- Member, NHSGJ/University of Strathclyde Operational Delivery Group
- Chair, the National Health Board Directors of Pharmacy Group

- DoP, representative/member on the Healthcare Staffing Programme Board
- Member, West of Scotland Directors of Pharmacy Group
- Locum, community pharmacy
- Member and incoming co-chair, Patient Access Scheme Assessment Group (PASAG)
- Member, Scottish Pharmacy Board – 2024 -

Josh Miller

- Advanced Clinical Pharmacist, NHS Greater Glasgow and Clyde
- Chair, Area Pharmaceutical Committee NHS Greater Glasgow and Clyde
- Member, Area Clinical Forum, NHS Greater Glasgow and Clyde
- Non-Contractor Member, Pharmacy Practice Committee, NHS Greater Glasgow and Clyde
- Member, UKCPA

Richard Shearer

- Lead Pharmacist for Pharmacotherapy and Community Pharmacy Services, NHS Lanarkshire
- Member of SP3A Practice Pharmacy Sub-group
- Professional Secretary for West of Scotland Directors of Pharmacy
- Member, RPS Scottish Pharmacy Board

Catriona Sinclair

- RPS Scottish Pharmacy Board
- Community Pharmacy Scotland Board
- Chair, NHS Highland Area Clinical Forum (NED of NHS Highland Board)
- Chair, NHS Highland Area Pharmaceutical Committee
- Chair, Community Pharmacy Highland
- Director and Superintendent, Spa Pharmacy, Strathpeffer

Amina Slimani-Fersia

- Lead Clinical Pharmacist, Primary Care, NHS Fife
- Chair, Education and Training workstream, SP3A Practice Pharmacy Subgroup - from January 2023 until present.
- Member, Scottish Pharmacy Board – 2024

Richard Strang

- Member, Scottish Pharmacy Board
- Visiting Pharmacy Lecturer, De Montfort University
- GPhC Assessment Question Writer
- Associate advisor, Education for Health
- Membership Committee (Vice Chair) - Royal Pharmaceutical Society – September 2021 -
- Mentoring Advisory Group (Member) - Royal Pharmaceutical Society – November 2021 -
- Member, Action in Belonging, Culture and Diversity (ABCD) Group - RPS - August 2020 -
- Member, Core Advanced Curriculum Development
- Member, Critical Care Credential Development sub-groups

- Member, Workforce Wellbeing Action Group, RPS - February 2021 -

Jill Swan

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, UK Pharmacogenetics and Stratified Medicine Network
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Previous Director of The Brush Bus Ltd (ceased directorship 12/08/22) - unpaid

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC pharmacy practices committee 2024
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 – 2023
- Pharmacist, NHS Forth Valley

Updated: June 2024

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 Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

Scottish Pharmacy Board meeting 19 June 2024

Title of item	Review Sectoral places on the Scottish Pharmacy Board
Open, confidential or restricted item	Open
Author of paper	Carolyn Rattray
Position in organisation	Business Manager Scotland
Telephone	0207 572 2225
E-mail	Carolyn.rattray@rpharms.com
Item to be led at the meeting by	Chair
Purpose of item (for decision or noting)	Discussion/decision
Headline summary of paper	As per paper 15.06.EPB.07C it is recommended that a statutory item appear on the EPB meeting in June of each year to review the composition of the board subsequent to the removal of sectoral places. It is important that SPB are given the same opportunity to consider this issue.

Purpose

To afford the Scottish Pharmacy Board the opportunity to consider whether the breadth of the profession is adequately represented.

Background

The Welsh Pharmacy Board (WPB) continue to appoint to sectoral places.

The Scottish Pharmacy Board (WPB) have never appointed to sectoral places.

In June 2015, the provision for the election to sectoral places on the English Pharmacy Board (EPB) was removed commencing with the elections for 2016 (refer to paper 15.06/EPB.07C and corresponding minutes). It was agreed that this would be included as an annual statutory item at the EPB meeting scheduled for June. This was to ensure the EPB could consider if it was able to fulfil its duties to represent the breadth of the profession and take steps if it was felt this was not the case.

The Scottish Pharmacy Board is being given the same opportunity to consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors. The SPB has the ability to co-opt two members (following the appointment of the casual vacancy) if they deem this necessary to fill a gap in representation.

Action

The Scottish Pharmacy Board should consider if it is able to properly fulfil its duties to represent the full breadth of the profession in the year ahead. Particular attention will be given to suitable representation of different sectors.

The SPB should consider if it wishes to maintain the status quo of the current election scheme, i.e. no sectoral spaces.

Recommendation:

There are a wide range of sectors and experiences represented in the current board composition, with board members from community, hospital, primary care, and academia. Further variation in experience will be introduced by the appointment to the casual vacancy.

It is suggested that no further changes are made to the board at this time and that there is not a need for introducing sectoral places and that the current status quo should be maintained.

OPEN BUSINESS

Future consideration can be given to co-opting to the Board should the need arise and a gap is noted.

Laura Wilson
Director for Scotland

Carolyn Rattray
Business Manager Scotland

National Pharmacy Board meeting – 19 June 2024

Title of item	Professional Issues
Author of paper Position in organisation Telephone E-mail	Fiona McIntyre, Darrell Baker, Elen Jones, Heidi Wright, James Davies, Alwyn Fortune, Ross Barrow, Laura Wilson
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

OPEN BUSINESS

- 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.

OPEN BUSINESS

- 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

National Pharmacy Board meeting – 19 June 2024

Title of item	Strengthening Pharmacy Governance
Author of paper Position in organisation Telephone E-mail	Wing Tang, Laura Wilson, Heidi Wright, Elen Jones
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 Spoke

Highlights

- 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 Guidance

Highlights

- 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 Position in organisation Telephone E-mail	Heidi Wright, Amandeep Doll, Laura Wilson James Davies
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 seperate 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.

- 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 Position in organisation Telephone E-mail	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Cara, Alwyn Fortune, James Davies, Wing Tang
Headline summary of paper	To give a progress update on the following areas:- Pharmacist Prescribing (Laura Wilson/Heiding 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 – 19th June 2024

Title of item	Open Sale of P Medicines in Community Pharmacy
Author of paper Position in organisation Telephone E-mail	James Davies Director for England James.davies@rpharms.com
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

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.