

# ROYAL PHARMACEUTICAL SOCIETY

Welsh Pharmacy Board meeting 20 September 2024

## OPEN BUSINESS

9.30 am at Wales Office, 2 Ash Tree, Woodsy Close, Cardiff Gate Business Park, Cardiff, CF23 8RW or via teams.

### OPEN BUSINESS AGENDA 20 September 2024 AT 9.30AM

Item (approx. . start time)	Subject	Purpose	Related papers/slides	Objective	Chair/or lead person
1 (9.30am)	Welcome	For noting	No paper/Verbal address	Welcome and introductions	Geraldine McCaffrey
	Apologies	For noting	No paper/Verbal address	To note apologies	Geraldine McCaffrey
2	Declarations of Interests	For noting	24.09.WPB.02(a)	To note (a) declarations of interest for Board members	Geraldine McCaffrey
3	Minutes and matters arising	For decision	24.09.WPB.03	To approve the minutes of the WPB and National Pharmacy Board meetings held on 18 and 19 June 2024 and to discuss matters arising from these minutes	Geraldine McCaffrey

4 (9.40)	Science and Research	For noting	Verbal	For WPB to receive an update from Science and research on <ul style="list-style-type: none"> <li>- Ongoing work</li> <li>- Project Groups</li> <li>- New policy areas</li> </ul>	Parastou Donai Via zoom
5 (10:00)	Open Display of P medicines	For noting	Verbal	For WPB to receive an update on progress to date on the "Call for Evidence" (An analysis of the research undertaken will only be available at the November joint board meeting for further discussion.	Geradinhe Mccaffrey/Elen Jones
6 (10: 10)	Public Affairs update	For noting	Verbal	For WPB to receive an update on Public Affairs	Iwan Hughes
7 (10.30)	Events update	For noting	Verbal	For the WPB to receive an update on: <ul style="list-style-type: none"> <li>- RPS Conference</li> <li>- C&amp;G roadshows</li> </ul>	Hanna Jennvy
8 (10:50)	Papers for noting	For noting	24.09.04(i) (ii) (iii) and (iv)(v) (vi) (vii)	WPB to note the following papers. <ul style="list-style-type: none"> <li>(i) Implementing Country Visions</li> <li>(ii) Strengthening Pharmacy</li> <li>(iii) GovernanceProfessional Issues</li> <li>(iv) Workforce</li> <li>(v) SRC update</li> <li>(vi) Education and Professional Development</li> <li>(vii) Assessment and Credentilling update</li> </ul>	Geraldine Mccaffrey

9.	Any other business	For noting/discussion	Verbal	Pharmacy Board Members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before a the meeting of any matter that is to be raised under Any other Business	Geraldine McCaffrey
10.	Dates of next meeting	For noting		<b>Joint meeting for England/Scotland/Wales in London day before RPS conference 7 November</b>	
<b>RPS observers requested to leave face to face / teams meeting 11.10am Comfort Break – 10 min</b>					

**September 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

### WELSH- NPB PHARMACY BOARD MEETING – Open Business

Minutes of the Open Business meeting held on Wednesday 19 June 2024 at Doubletree by Hilton Cadbury House, Frost Hill, Congresbury, Bristol, BS49 5AD.

Please note item 24.06.NPB.13 on the agenda was a joint session with all three National Boards, England Scotland and Wales. All other items were discussed in separate country meetings.

**Welsh Pharmacy Board (WPB):** Geraldine McCaffrey (GM) (WPB Chair), Eleri Schiavone (ES), Helen Davies (HD), Liz Hallet (LH), Richard Evans (RE), Dylan Jones (DJ), Rhian Lloyd Evans (RLE), Aled Roberts (AR), Rafia Jamil (RJ), Lowi Puw (LP), Gareth Hughes (GH)

#### English Pharmacy Board:

Adebayo Adegbite (AA), Claire Anderson (CA), Sibby Buckle (SB), Steve Churton (SC), Ciara Duffy (CD), Brendon Jiang (BJ), Sue Ladds (SL) Michael Maguire (MM), Erutase (Tase) Oputu (TO),

**Scottish Pharmacy Board:** Jonathan Burton (JB) (SPB Chair), Lucy Dixon (LD), Laura Fulton (LF), Josh Miller (JM), Richard Shearer (RSh), Amina Slimani-Fersia (ASF), Richard Strang (RSt), Jill Swan (JS), Audrey Thompson (AT).

#### In attendance:

Elen Jones (EJ), Director for Wales, Cath Ward, (CW) Business Manager – Wales, Alwyn Fortune (AF), Practice and Policy Lead Wales, Iwan Hughes (IH), Head of External and Public Affairs Wales Corrine Burns (CB) PJ (item 24.02.WPB.10 only).

**24.02.WPB.08**

**Welcome and Apologies – Country specific.**  
*Led by WPB Chair*

	<p>GM welcomed board members and staff to the open session of the meeting, and in particular welcomed AR new board member.</p> <p>No apologies were received.</p>
<b>24.06.WPB.09(i)</b>	<p><b>Approval of past minutes, Record of new members and Past action updates</b></p> <p><i>Led by Chair</i></p> <p>The open minutes of the meeting 08.02.24 were approved with one amendment as follows: - Page 4 - to be amended to read individuals accessing the service.</p> <p>Approver – RLE Seconder – DJ</p> <p>WPB noted that all actions from the open business meeting 08.02.24 were completed.</p>
<b>24.06.WPB.09(ii)</b>	<p><b>Declarations of interest</b></p> <p><i>Led by Chair</i></p> <p>It was noted that there were a few amendments with updates for board members. Action 1 – CW to send the DOI form out on Friday email for amendments to be made by bm's.</p>
<b>24.06.WPB.09(iii)</b>	<p><b>Powers and Functions of the Board (to note)</b></p> <p><i>Led by Chair</i></p> <p>WPB noted the Powers and Functions of the Board.</p>
<b>24.06.WPB.09 (v, vi, vii and viii)</b>	<p><b>Papers for noting.</b></p> <p><i>Led by Chair</i></p> <p>The WPB noted the following papers:</p> <p><b>(v) Professional issues</b> <b>(vi) Strengthening pharmacy governance</b> <b>(vii) Workforce</b></p>

	<b>(viii) Implementing Country vision</b>
<b>24.06.WPB.10</b>	<p><b>Public Affairs – Wales</b>  <i>Led by: Iwan Hughes, Head of External Relations</i></p> <p>IH presented the results from the Senedd perception survey 2024 which was aimed at measuring 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.</p> <p>Compared with the survey completed in 2022, overall, The Royal Pharmaceutical society has seen positive growth in its reputation, approach to engagement/communications and understanding of pharmacists and RPS. The key to this success is having a set of core key messages that are consistently repeated at all opportunities. The RPS role in policy development has grown – but there is more scope for improvement and the perception of pharmacy only being 'community pharmacy' is still there.</p> <p>WPB noted and approved the strategy moving forward as: -</p> <ul style="list-style-type: none"> <li>➤ Continue to re-enforce existing key messages.</li> <li>➤ Maintain presence in the Senedd. *drop ins / Y Farchnad* which will be the second Tuesday of every month.</li> <li>➤ More constituency visits.</li> <li>➤ Build on growth in understanding and reputation to influence policy – beginning with having core 'policy asks'.</li> <li>➤ That 5 core issues leading up to 2026 elections will be developed ready for September board meeting for discussion. This will provide time to form the manifesto asks with costings and questions.</li> </ul> <p>In discussion the WPB raised and made comments as follows: -</p> <ul style="list-style-type: none"> <li>➤ WPB were pleased with the progress since 2022 and asked if the timing of the 2024 survey preceded the Hospital Review – which in fact was not the case.</li> <li>➤ It was noted that some preparation work needs to be done around CPhO permission - about visits to Health Board/Trust pharmacy depts by Senedd members, and noted that Comms could also be an issue.</li> <li>➤ Arranging MS visits can be challenging, and WPB suggested that a briefing pack could be issued ahead of visits with examples of good visits -case studies showing the positives of such visits.</li> </ul>

	<p>➤ Drop inn sessions have meant that all sectors can become involved, and EJ thanked the board for their help.</p> <p>A discussion was held about sharing data from the Survey with CB from the PJ, Action 2- IW to look at what is feasible to share.</p>
<b>24.06.WPB.11</b>	<p><b>PDaHW</b> <b>Led by Alwyn Fortune</b></p> <p>AF recapped the process of the goal setting for 2028 with activity planned for the year.</p> <p>The following questions were asked for the WPB to consider.</p> <ul style="list-style-type: none"><li>➤ 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?</li><li>➤ 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.</li><li>➤ 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?</li></ul> <p>In response to the above questions the board agreed the project overall has had a really positive effect and had gone from strength to strength since RPS has been commissioned to lead and support the programme. They felt that there is a good representation on the main delivery board and subgroups. However, it was noted that some groups have more community pharmacy representatives.</p> <p>EJ advised that there had recently been a refresh process for membership of the Delivery board and the calibre of expressions of interest were good quality and expressions outweighed the available places. With the richness of experience new people have been added to the subgroups membership. Turnover is 50/50.</p> <p>WPB expressed a view that new people need to be encouraged and RPS needs to find a way to</p>

	<p>provide a platform for this.</p> <p>The champion's role was discussed in terms of providing more support to enable them to become confident to be actively involved and a suggestion was made that board members could assist.</p> <p>Action 2 – BM's to encourage sign up to the Champions Network. <a href="https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales/champions#signup">https://www.rpharms.com/wales/pharmacy-delivering-a-healthier-wales/champions#signup</a></p>  <p>In conclusion, the board agreed to the continuation of Pharmacy Delivering a Healthier Wales programme of work moving forward into 2025 business planning.</p>
<b>24.06.WPB.12</b>	<p><b>2025 Planning</b> <i>Led by: Elen Jones, Director for Wales</i> <b>Wales 2025 planning</b></p> <p>EJ advised WPB that the discussion on planning for 2025 focuses on early thoughts from the board, and a full plan will be presented at the September meeting. This will be for sign off in readiness for Assembly and budget approval in November 24.</p>

	<p>EJ described the “4 buckets” of work under the headings of</p> <ul style="list-style-type: none"><li>- Professional Issues</li><li>- Strengthening Pharmacy Governance</li><li>- Workforce</li><li>- Implementing Country Visions</li></ul> <p>EJ advised that any additional topics for consideration for the Wales workplan would be discussed by the country directors and will be based on resource and capacity.</p> <p>A discussion was held around recognising that prescribing needs more work to find out what the issues are. The board noted that Education, and membership will continue in 2025. pharmacogenomics was discussed and RPS has a policy. This will need to feature. Sophie Harding was leading for RPS on this issue, and she is now a Consultant Pharmacist in this space.</p> <p>WPB noted that Sustainability will feature - IH has directed the work through UK health alliance. We are looking at making the organisation more sustainable.</p> <p>A discussion was held around the importance of reducing health inequalities and priority needs to be given to this particularly the need for input into the projects, with a Welsh policy perspective.</p> <p>AI and Digital, will feed into the inequality agenda.</p> <p>E prescribing NHS App will need more work for this to be right for Wales. As the roll out progresses CPW will continue to monitor.</p>
<b>24.06.NPB.13</b>	<p><b>Open Sale of P Medicines in Community Pharmacy</b></p> <p>The National Pharmacy Boards noted paper 24.06.NPB.13</p> <p>This session was Chaired by Tase Oputu, English Pharmacy Board Chair.</p> <p>SB declared an interest as she works for Boots in a Boots pharmacy.</p> <p>The Chair welcomed Claire Nevinson (CN) from Boots and Roz Gittins (RG) from General Pharmaceutical Council (GPhC) to the meeting.</p>

	<p>CN thanked the Board for inviting her and gave a short presentation providing an overview of the innovations at Boots about self-selection of P (Pharmacy) Meds.</p> <p>CN said that over the last couple of years Boots had been showcasing pharmacy in a safe way to patients and the public, giving high quality advice and care to more patients and the public, supporting the wider selfcare agenda. In selected stores, the pharmacy environment has been improved with a new modern look, pharmacy medicines are now more accessible, and they have introduced a new active advice model, investing in a new role, a dedicated resource, which has been a key driver to the success of the changes.</p> <p>CN stated that the innovation is principle based, professionally led, better for the public, cognisant of patient safety, engaging for pharmacists and healthcare teams, has robust risk management and mitigation in place and that the innovation is continually reviewed. There are clear professional standards within the organisation which are adhered to.</p> <p>CN described that Boots had thought carefully about the fixtures and fittings that are in place, including active ways to exclude the public when the Responsible Pharmacist is not present. Robust security measures are in place to protect high risk medicines which only healthcare trained can access. Till restrictions are in place to ensure that a sale can only proceed with the appropriate advice and counselling, on a registered pharmacy premises and under the supervision of a pharmacist.</p> <p>Over time, patients have embraced the change in layout and staff are trained to explain why they can't always purchase certain medication selected from the shelf. A new healthcare specialist role has been introduced with incremental training supporting the role.</p> <p>CN shared that pharmacist engagement has been critical. Boots have created a raft of professional and operational guidance as well as supporting documents which have been refined over the past 12-18 months. In this model pharmacists can exercise professional autonomy and restrict medications further if they see fit.</p> <p>The model has been rolled out to over 130 stores and the feedback from patients has been positive. There is no data to suggest that there has been a negative impact on patient safety.</p>
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<p>CN stated that Boots has taken a considered approach, acknowledging that it needs to move with the times. CN described how a dedicated team is available to have the initial conversations with the patient/public; can be referred to a pharmacist if required.</p> <p>Board members were invited to ask questions or give observations:</p> <p>A board member gave some positive feedback as he had observed this innovation in a Boots pharmacy and thought it worked well. He did question how it might translate to a smaller independent pharmacy. CN responded by saying the principles remain the same; it is essential to receive the right advice from a healthcare specialist and for the pharmacy to be adequately risk assessed before setting up the service. The quality of the conversation with a healthcare specialist is key to the success of the model.</p> <p>A member asked if there were any commercial advantages to making this change. CN replied that a business must consider commercial viability and impact but the main driver for change was the ambition to realise holistic benefits and better patient experience. CN discussed the vital importance of the P category for pharmacy and that it was vital that this category be protected. This model enables the public to understand this category further and have an informed conversation about the best medication for them.</p> <p>There was a question about new risks identified after roll-out and how risks are mitigated. Risks identified have been mostly around the 'people model'. To mitigate these potential issues, careful attention is given to appropriate staff training and ensuring that the pharmacies are run optimally. Risks were also mitigated by ensuring that roll-out was very controlled with standards already established. Shrinkage was anticipated as a risk, but it has not increased. Questions were raised as to the sustainability of the new model. CN said she was confident it was sustainable and that the dedicated roles assigned will support the model. This is about providing care that is safe, using clear guidance and training to ensure this. From a practical perspective, using good quality and durable fixtures and fittings will enhance the 'feel' of the pharmacy and make it fit for purpose. Feedback so far has been positive, the public like the look and feel and this is reflected in 'net promoter score'. Patients have told Boots that the new model can help when sensitive conversations are needed, and Boots staff have fed back very positively.</p> <p>In a crisis, where there is a shortage of staff cover, particularly if there is no pharmacist cover, the pharmacy area can be closed; however, to mitigate against this there is good resilience across the staff to cover most situations.</p>
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	<p>A board member with direct experience of the new model spoke in favour of the change and said that the name of “open sale” is a misnomer it should be called a “facilitated sale”. The board member said it has been a culture change for both staff and patients, but a positive change, making them feel empowered.</p> <p>TO then welcomed RG to speak to the board.</p> <p>RG gave a short talk from the perspective of the GPhC. RG stated she was relatively new in post (6 months) and has a focus on patient safety and ensuring practice is in line with Regulations. She stated that self-selection of P Medicines is not specifically excluded in Regulations. It is important to respond to developments and innovations in a timely way and to be aware of the developments within on-line pharmacy. RG recognises that the GPhC needs to be doing more, to assess risks, for example, using secret shoppers. Risk assessments need to be localised and dynamic – and to ensure that if changes or new risks are seen over time they are included and managed.</p> <p>GPhC meets with Boots every couple of months and has been reassured by the pilots, especially in relation to risk management, staffing and security. Monitoring will be ongoing and regular meetings will continue. Where the GPhC does have learnings, they assess what they can do to cascade the information. All is kept under active review.</p> <p>Board members were invited to ask questions or provide observations</p> <p>CN was asked about upscaling the model to all stores. She replied that it was not about the physical environment but about the training and advice given by staff. It is critical that every customer is provided with the right advice. Therefore, staff were essential to making any model work.</p> <p>A board member added that as professionals we need to be empowered to risk assess and be given the autonomy to be in control of our own pharmacy. Risk assessment needs to be robust. He went on to talk about the challenges of addiction and abuse, particularly in relation to codeine based products and how we need to do something about opioid abuse. It was clarified that in the Boots model all codeine containing products are secured in locked Perspex boxes.</p> <p>Another question was about reclassifying the P meds available for self-selection to GSL medicines. Response was that it is not considered to be a driver and switches take a lot of time and research. Enabling self-selection of P Meds is about engaging patients and public to make the right choice with the support of the pharmacy team.</p>
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	<p>RG was asked if she had a sense of scale as to how many pharmacies were using this new model. As with other innovations the GPhC does not hold exact data on the number of pharmacies that now allow facilitated access to P medicines. RG confirmed this is happening in both multiples and independents and is picked up during routine inspection activity.</p> <p>CN stated that now, uptake of the new model is limited to 130 Boots stores, these stores are monitored and assessed on an ongoing basis; numbers may increase in time. There are many different aspects to assess before this model can be rolled out appropriately. They must ensure that every person who accesses medicines has the best healthcare experience.</p> <p>RG noted that inspections are based on the premises standards, irrespective of bricks and mortar or online.</p> <p>PB thanked both CN and RG for their presentations. He said that this has always been a contentious issue and there is a strength of feeling within the organisation and its members around this. He asked if they believed that this change could shift the position in the eyes of the public of medicines becoming an ordinary item of commerce? RPS position on this currently is that P Meds should not be available for self-selection, and the RPS would like to understand the reasons for not having a conversation with the profession on this change as it has caused a lot of dissent within the profession.</p> <p>RG responded and said there is a need to reflect on communications and retain regular meetings with the RPS/GPhC to discuss when changes occur. She agreed more needs to be done.</p> <p>CN agreed that communications to both patients and colleagues needs to improve to better inform people; much of the dissent has been based on assumption rather than fact. There is a need to showcase new modern approach to healthcare service provision in the community.</p> <p>The Chair asked if other pharmacies are looking to make this change. RG replied that pharmacies are making proactive enquiries via their inspectors. Inspectors are not just there to inspect but also to raise awareness and support.</p> <p>The President acknowledged that it was good to see that conversations were happening and that it is all about the future and looking forward. The RPS should encourage change if it is safe for patients.</p>
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	<p>RG added that criticism is something to be acknowledged and there is a need to communicate better.</p> <p>The Board members then went on to discuss the next steps following on from the information shared by Boots and the GPhC.</p> <p>Some of the points raised by the Board included: -</p> <ul style="list-style-type: none"><li>• Terminology is important and that they could be in favour of “open display” but not in favour of “open sale” but it is important that patient safety is maintained.</li><li>• This model continues to be under the responsibility of a pharmacist – so nothing legally has changed – what has changed is the regulator’s approach and the pharmacy landscape.</li><li>• The P medicine category is vital for pharmacy and the public and that this category must be protected, but this model continues to allow that to be the case.</li><li>• Legislation and the regulator permit the self-selection of P Meds; it is happening and will continue to happen. RPS policy needs to be revisited and considered as it no longer reflects the GPhC position and practice for some pharmacists.</li><li>• Need to consider online pharmacy, remote and rural – consider accessibility and ensure that safety is the same regardless of setting.</li><li>• Volume of sales needs to be considered – concerns around opioids and ensuring antimicrobials use is monitored.</li><li>• Need to reassure members and take them on the journey of any potential change to RPS position.</li><li>• Any future change to policy will need to be reflected in the MEP and associated guidance.</li></ul> <p>Martin Astbury gave apologies for the meeting and asked for his following statement to be read out for this agenda item: -</p> <p>“Martin Astbury supports option one or otherwise follow our membership engagement strategy with this policy and consult with the membership. Any change to our existing policy is without doubt a watering down of one of our patient safety standards, as such I would oppose and reserve the right to talk against any new RPS position on self-selection”.</p>
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	Board members were broadly in agreement to review the RPS position considering the information presented at the meeting. They added that it is important to use evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence.
<b>24.06.NPB.14</b>	<b>Any other business and close of Open Business</b> <i>Led by: Chair</i>  There were no items listed.

### Action List

Item	Action	By Whom	Open/Closed/Comments
<b>24.06.WPB.09(ii)</b>	CW to send the DOI form out on Friday email for amendments to be made.	<b>CW</b>	
<b>24.06.WPB.10</b>	Action 2- IW to look at what is feasible to share with CB	<b>IW</b>	
<b>24.06.WPB.12</b>	Action 3 - Country Directors to take ideas for 2025 and develop a workplan to bring to the next board meeting in September.	<b>Country Directors</b>	
<b>24.06.NPB.13</b>	Review RPS position on self-selection of P Medicines in Community Pharmacy using evidence to support any changes and to use the RPS Expert Advisory groups when gathering evidence.	<b>Chairs and Country Directors</b>	

National Pharmacy Board meeting – September 2024

<b>Title of item</b>	<b>Implementing Country Visions</b>
<b>Author of paper</b>	Laura Wilson, Iwan Hughes, Elen Jones, Heidi Wright, Cara Mackenzie, Alwyn Fortune, James Davies,
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:  Pharmacist Prescribing Environmental Sustainability Pharmacogenomics Reducing Health Inequalities
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

**Implementing Country Vision****Pharmacist Prescribing (Laura/Heidi)**Highlights

- Published DPP position statement
- Held DPP roundtable and published report with recommendations
- The prescribing member proposition has developed on target with the original project plan.
- Outstanding, but in progress, are the e-portfolio and continued support around the DPP issue
- The project is moving to 'business as usual' in September
- The number of RPS Prescribing members has increased by 19% since June 2023
- Retention rate for prescriber membership is 95%
- Approximately a quarter of all RPS members are prescribers
- The webpages, launched in October 2023 have been visited by over 60,000 unique users
- Queries to the prescriber support services have increased 10-fold since its launch in May 2024.
- The prescribing programme is highlighted in a poster to be presented at the FIP
- Please check out our great new video summarising our prescribing services! [www.rpharms.com/prescribing](http://www.rpharms.com/prescribing)

Next Steps

- Continue to keep an eye on the situation for those qualifying as prescribers in 2026
- Continue to support pharmacists to become prescribers
- Work ongoing in Scotland looking at how we continue to engage with prescribers and showcase our support offering
- Regular meetings with NHSE around the pathfinder sites

**Environmental Sustainability (Iwan/Elen)**Highlights

- Work is ongoing to develop a Greener Pharmacy Toolkit and Guides to support pharmacy teams working in community and hospital pharmacies to make their professional practice more environmentally sustainable.

## OPEN BUSINESS

The content is now finalised, and internal User Acceptability Testing (UAT) is underway to test usability and functionality. After UAT is completed, there will be a round of fixes after which we'll be ready for external beta tests with EAGs, board volunteers and other expert groups.

In preparation for the full launch a draft communications and engagement plan is in place, and initial meetings with the GPhC and some community pharmacy multiples have taken place.

- RPS supported the FIP World Environment Day Campaign that called for short videos of sustainable pharmacy practice from all over the world. We submitted our own video on the greener pharmacy guides for hospital and community pharmacy and encouraging our members to make their own submission.
- We've continued to engage with other health bodies through our membership of the UKHACC through our regular meetings and by:
  - Supporting a joint letter to MPs to share health/sustainability priorities for the next general election.
  - Submission of case study on our investment to make our buildings more sustainable that align to the UKHACC organisational commitments with the aim of spreading best practice among the membership.
  - We also submitted a nomination for RPS SPB Member Richard Strang for a role an UKHACC Trustee. The UKHACC trustees help inform and direct the delivery of strategic priorities and objectives. If elected it would add to our existing membership on the UKHACC Council and policy & comms group.

### Next Steps

- Continue work on the toolkit with a view for a full launch in the coming months.
- Continue to be actively engaged with UKHACC.
- Explore opportunities within the profession and other bodies for collaboration on climate action within healthcare and pharmacy.

### **Pharmacogenomics (Cara/Alwyn)**

#### Highlights

## OPEN BUSINESS

- Continue to actively participating in the task and finish group to refresh the 'Direct to consumer Genomic Testing' position statement in association with BSGM and RCGP with representation from RPS expert members.
- Responded 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 with the aid of RPS expert members, with a view to endorsement of the statement.
- Continue to support members with Pharmacogenomics resources and educational material

## Reducing Health Inequalities (James/Heidi)

### Highlights

- In Scotland we are part of the Remote and Islands workforce stakeholder focus group meetings
- Visited a pharmacy in Glasgow to talk about their use of translation services following the transfer of a large number of patients who did not have English as their first language
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### Next Steps

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National Pharmacy Board meeting – September 2024

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas:- Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

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

- No significant update

Next Steps

- We await the outcome of the consultation process from DHSC

**Hub and Spoke (Wing/Heidi)**Highlights

- The government's response to the consultation process was published in May 2024 <https://www.gov.uk/government/consultations/hub-and-spoke-dispensing/outcome/government-response-to-the-consultation-on-hub-and-spoke-dispensing>
- Government committed to a process of engagement with NHS national pharmaceutical service representatives. The RPS was invited to attend the first Community Pharmacy England Hub and Spoke expert group meeting in June 2024 to hear discussions about potential implications of NHS hub and spoke dispensing between legal entities.

Next Steps

- We are on standby to support with professional guidance as needed as Government moves to implement the legal changes.

**RP/SP/CP Guidance**Highlights

- No significant update since responding to the GPhC consultation on draft Chief Pharmacist standards in April 2024

Next Steps

- Await outcome from GPhC consultation

**Original Pack Dispensing (Wing)**Highlights

- No significant update since original pack dispensing introduced for valproate-containing medicines.

Next Steps

- The RPS remains on standby to advocate for original pack dispensing where possible

National Pharmacy Board meeting – September 2024

<b>Title of item</b>	<b>Strengthening Pharmacy Governance</b>
<b>Author of paper</b>	<b>Wing Tang, Laura Wilson, Heidi Wright, Elen Jones</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	To give a progress update on the following areas: Supervision (Heidi) Hub and Spoke RP/SPCP Guidance Original Pack Dispensing
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

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

- No significant update

Next Steps

- We await the outcome of the consultation process from DHSC

**Hub and Spoke (Wing/Heidi)**Highlights

- The government's response to the consultation process was published in May 2024 <https://www.gov.uk/government/consultations/hub-and-spoke-dispensing/outcome/government-response-to-the-consultation-on-hub-and-spoke-dispensing>
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- No significant update since responding to the GPhC consultation on draft Chief Pharmacist standards in April 2024

Next Steps

- Await outcome from GPhC consultation

**Original Pack Dispensing (Wing)**Highlights

- No significant update since original pack dispensing introduced for valproate-containing medicines.

Next Steps

- The RPS remains on standby to advocate for original pack dispensing where possible

National Pharmacy Board meeting – September 2024

<b>Title of item</b>	<b>Workforce</b>
<b>Author of paper</b>	<b>Heidi Wright, Amandeep Doll, Laura Wilson James Davies</b>
<b>Position in organisation</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Headline summary of paper</b>	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)
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	
<b>Resource implications</b>	

## Workforce

### Workforce Wellbeing (Heidi)

#### Highlights

- The WWB survey for this year is being drafted and has been shared with Pharmacist Support, GPhC and BPSA for views and comments

#### Next Steps

- The survey will be published on 18 October alongside the ACTNow campaign from Pharmacist Support
- We are following up on actions from the previous WWB roundtable

### Access to DPP (Heidi/Laura)

#### Highlights

- Position statement on DPPs published
- DPP roundtable held and report with recommendations published

#### Next Steps

- Follow up roundtable to be held in October 2024
- Refresh of the RPS DPP Competency Framework scheduled to start in the second half of 2024

### Workforce Numbers (James)

#### Highlights

- The focus of our efforts relating to workforce have been related to the numbers of pharmacists that are DPPs. In collaboration with the NPA we hosted a roundtable event to discuss the challenges in accessing DPPs in England (<https://www.rpharms.com/about-us/news/details/rps-and-npa-urges-action-on-dpps>)
- On a GB level issued a statement on DPPs with some wider recommendations: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/support-for-pharmacist-dpps>
- In England we have fed into the Darzi review of the NHS to support the growth in pharmacists as outlined in the Long-Term Workforce Plan in England.
- Team Scotland engaging with SG Principal Pharmaceutical Officer (Workforce) on workforce planning in Scotland

- RPS invited to join SG External Advisory Group for the Advisory Panel on Workforce Projections & Controlled Subject Intakes
- 

### Next Steps

- Continue to work to support access to DPPs
- Publish a position statement on clinical supervision
- Contribute to the ongoing work being done on pharmacy workforce

## **I&D (Aman)**

### Highlights

- Celebrating South Asian Heritage Month across July to August, with a successful event held the London Office
- Celebrating East and South East Asian (ESEA) Heritage Month in across September including a focus showcasing ESEA heritage pharmacy professionals at the September ABCD meeting
- Delivering inclusion and diversity workshops at NHSWT&E Foundation Trainee induction days across GB
- Supporting the development of profession wide communications to support members of the profession navigate the race riots

### Next Steps

- Planning for Black History Month (October) and Disability History Month (December)
- 2025 I&D workplan planning
- Starting work on the I&D strategy and aligning with RPS 2026 strategy

## **Differential Attainment (Aman)**

### Highlights

- Presented at the Inclusive Pharmacy Practice (IPP) advisory board meeting to provide an update
- Terms of Reference agreed for the working group
- Planning and finalising the EDI forum agenda, in partnership with NHSWT&E and Pharmacy Schools Council

### Next Steps

- Host the next working group meeting
- Work with pharmacy organisations to establish clear outcomes and actions

**xxx BUSINESS**

National Pharmacy Board meeting – September 2024

<b>Title of item</b>	Science and Research update to National Pharmacy Boards, September 2024
<b>Author of paper</b>	Professor Parastou Donyai
<b>Position in organisation</b>	Chief Scientist
<b>Telephone</b>	020 7572 2275
<b>E-mail</b>	<a href="mailto:Parastou.Donyai@rpharms.com">Parastou.Donyai@rpharms.com</a>
<b>Headline summary of paper</b>	Summary of Science & Research Team activities
<b>Purpose of item</b>	This paper is mainly <b>for noting</b> but the work of the SRC will be presented at the meeting. Questions can be submitted to the author ahead of the meeting or addressed at the meeting, time permitting.
<b>Risk implications</b>	NA
<b>Resource implications</b>	NA

National Pharmacy Board meeting – September 2024

**SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY  
BOARDS**

**1. Background**

The purpose of the Science and Research programme is to:

- Improve research capacity and capability within pharmacy,
- Increase the public profile of pharmaceutical science and research, including clinical and social pharmacy practice research,
- Support innovation and building the evidence-base in collaboration with the Science and Research Committee,
- Support internal policy, tools and services through research/evidence-based decision making.

*This paper outlines Science and Research activities undertaken from January 2024 to present.*

**2. Summary of activity**

**2.1. Staff recruitment**

- Several changes were implemented following Yen Truong's extended Sabbatical at CQC (return date April 2025), as follows. A new Science & Research Officer, Leah Burton, (0.6 FTE) was recruited and started at RPS on 31<sup>st</sup> January 2024 on a one-year contract. Dr Chris Martin, Senior Research Manager (0.6 FTE) completed his fixed-term contract at the RPS as at the end of August 2024, leaving 2.5 months early for a permanent post at Bath/Plymouth School of Pharmacy. As a result, Deputy Chief Scientist (0.2 FTE), Dr Diane Ashiru-Oredope's contract (fixed-term, due to end 1 August 2024) was extended to end of December 2024.
- Chief Scientist Prof. Parastou Donyai's working hours returned to 0.4 FTE at the start of August 2024 and she took on an additional 0.2 FTE from the start of September to cover the rest of the gap created by Dr Martin's early departure.

**2.2. Science Recognition Awards**

- **Harrison and Hanbury Awards** – Nominations open; further information in the new [RPS awards webpage](#).
  - Harrison 2024: Professor Ryan Donnelly [was awarded](#) the 2024 RPS Harrison medal for his expertise in developing advanced polymeric drug delivery systems for transdermal and intradermal drug delivery, aimed at improving patient outcomes. Professor Donnelly will receive his award and deliver the Harrison memorial presentation at the 2024 RPS Annual Conference on 8 November.
  - Hanbury 2025: The Nominations for the Hanbury award 2025 will open in September 2024, with submissions closing in the last quarter of 2024.

- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – Dr Sion Scott was selected as the 2024 OPERA winner. More information published [here](#). The nominations for the OPERA 2025 award will be open in November 2024.
- **An RPS blog was written by the Chief Scientist and published to celebrate NIHR funding successes by pharmacists (including the RPS Deputy Chief Scientist's success) in June 2024.** This can be accessed [here](#).

### **2.3. Research Support Services**

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support.

- **Call for Evidence: self-selection of Pharmacy medicines** – a call for evidence document was created and the call itself launched to the profession to provide evidence relating to this topic by September 2024 for collation and analysis (see also below literature review)
- **Workforce wellbeing** – The Workforce wellbeing survey was updated from last year and will be launched on 18 October 2024. The findings are to be reviewed and published by February 2025.
- **RPS Annual conference: Research Abstract and Innovation Practice submissions 2024** – SRT assumed full responsibility for the management of abstracts, handed over from the Education team this year.
- **Literature reviews** - The following Literature reviews were initiated by SRT during 2024:
  - **Medicine Shortages** – SRT conducted a scoping review on the causes of medicine shortages to support the England Policy team.
  - **Research in Pharmacy Practice** – SRT have begun a scoping review of research methods utilised by clinical pharmacy researchers in the UK
  - **Pharmacy Medicines** – SRT have begun a systematic review on the risk/benefit of self-selection of Pharmacy medicines in pharmacies by members of the public.
  - **Health Inequalities** – SRT are preparing to review the utility of interventions to address language barriers and health inequalities as relevant to pharmacy settings.
- **Case series – SRT have expanded their research project portfolio, conducting several case series either independently, or in collaboration with other RPS teams:**
  - *When has the repeat prescribing process contributed to or caused patient deaths in England? A systematic, collective case series of Prevention of future deaths reports 2019-2023.* Conducted in collaboration with the Team England. Submitted to Drug Safety for publication in June 2024.
  - *National and global application of science by UK pharmacy professionals during the COVID-19 pandemic.* A case series initially presented at the 2022 Celebration of Science. Insight article produced; due to be submitted to the Pharmaceutical Journal for publication
- **Research support and mock Interviews** – Organised and delivered the following support to individual enquirers ranging from those seeking PhD application support, document review, NIHR funding application and mock PhD viva.

- A live Research Funding Q&A being planned to be held on the 3<sup>rd</sup> of October 2024, featuring a panel of pharmacy professionals.

## **2.4. Resources for the development of research capacity and capability in pharmacy**

- NIHR research e-Learning modules
  - Responsibility for the NIHR research e-learning modules has been reassigned to SRT. All communications with NIHR and module maintenance now managed within SRT.
  - An evaluation of the feedback on the NIHR e-learning modules was undertaken and will be presented at the 2024 RPS Conference and published in IJPP (abstract) following the event.
- RPS Interns
  - Prepared case studies, meetings with the Chief and Deputy Chief Scientists, and problem-solving exercises for the RPS' interns, who joined SRT for the day on Wednesday 30 August.
- 2023 Member support report
  - A report was produced on our member support services throughout 2023 for internal use. This can be found [here](#). This report analysed and evaluated the SRT's support outputs during 2023. Following this, service improvement measures were undertaken. The work was presented at Great Northern Pharmacy Research Conference 2024 and will be presented at RPS Conference.
- Research Funding Guidance Hub
  - A research funding guidance hub was developed by the SRT. This can be found [here](#). As well as a new, open-access webpage signposting to research funding opportunities dedicated to pharmacy professionals at all career stages, this can be found [here](#).
- Member support forms
  - Both a member support [request form](#) and a member evaluation form were developed to streamline our member support process.

## **2.5 Events & Conferences**

### **SRT attendance at relevant Pharmacy Research events**

- Health Services Research and Pharmacy Practice 2024 Conference (25 April) – Science & Research Manager & Senior Research Manager attended to represent RPS SRT and to promote NIHR eLearning modules and RPS Research support service.
- Great Northern Pharmacy Research Conference 2024 (12 July) – Two poster abstracts titled 'What Member Support services to Pharmacists seek?' and 'Application and Mobilisation of Science by UK Pharmacy Professionals during the COVID- 19 Pandemic- a collective case study' were presented by the Science Research Manager and the Science Research Officer. Assisted RPS Engagement team with RPS Research service promotion.
- South West Pharmacy Research Network 2024 Conference – The SRT have been invited to conduct a workshop at Bath University 'Innovation Day'.

### **RPS Annual Conference 2023, 8 November 2024**

- A full Science & Research stream developed by SRT to include a morning session entitled "Innovative technology shaping the future: Safety and integrity" to be co-chaired by RPS Deputy Chief Scientist and SRC Chair, with three invited presentations focussed on mRNA technology, pharmacogenetics and the illegal trade in medicines; and an afternoon session entitled "Inspiring research & evaluation: Building capability and capacity" to be chaired by

RPS Chief Scientist, with the Harrison and OPERA 2024 winners presenting and five short research abstract presentations selected from the accepted posters.

## **2.6. Other Science Activities**

### **• Media / other science enquiries handled**

- August – query from Retired Pharmacist Group Chair re scientific basis of limiting new NHS vaccine programmes against respiratory syncytial virus (RSV) to specific age groups
- July – letter to Sir Patrick Vallance finalised and co-signed by RPS CEO and Chief Scientist
- July – Daily Mail UK enquiry on the interactions of coffee with common medications published 30 July 2024.
- June – Londoners group enquiry on the presence of lactose in contraceptive pills.
- May – Joint communications request from NIHR, focussed on the promotion of the RPS NIHR eLearning modules.
- May – The i Newspaper requested an interview or statement on the painkiller Nolotil/metamizole and whether its negative effects (agranulocytosis) may impact Britons more than Spaniards due to genetic differences between populations.
- April - iNews enquiry on the difference between OTC branded and generic medicines.
- March – The Guardian enquiry on the increasing use in the UK of domperidone off-label as a galactagogue and the potential side effects it can cause, including depression and anxiety.
- February - media enquiry from Joe Pinkstone from the Telegraph looking for info on amlodipine.
- January- helped RPS answer query from Which? regarding vitamin B12 administration

  

- **Chief Scientist Research Opinion** – *Monthly* blog, providing commentary on selected articles from RPS journals. The most recent post is titled “Is research really an exclusive activity or one we can all embrace?” This can be found [here](#).
- **PJ Pod interview** – the Chief Scientist was interviewed and featured in the ‘Getting into research’ podcast produced by the Pharmaceutical Journal in June 2024 following the OPERA 2024 awards.
- **Webinar for International Day of Women and Girls in Science** – Chief and Deputy Chief Scientists took part in the RPS Webinar on this topic in Feb 2024
- **Consultations** – contributed to the RPS consultation response “Proposals to expand access to take-home naloxone supplies”

## **2.7. Science and Research Committee and Expert Advisory Groups**

### **Science and Research Committee**

- Latest meetings held on 15 April and 3 July 2024, and included a discussion of projects for each of SRC’s working groups, including:

- Access of medicines via online sources: Discussed RPS appetite to campaign to raise awareness of the dangers of uncontrolled access to medicines via non-medical sites/sources
- New Medicines, better medicines, better use of medicines: objectives include creation of an education piece for the PJ on mRNA technologies (ahead of the conference presentation on the topic); how mRNA technology can be used further
- Research Across the Profession: Improving Research Capacity and Capability Among Pharmacy Professionals by defining research active professionals and proposing a Community of Practice to be developed to help researchers
- The committee also discussed forming a new working group, focussed on substance misuse and diversion of medicines – to be confirmed
- July meeting minutes can be found [here](#)
- Chief Scientist provided an update on the Science & Research conference stream content ahead of this year's RPS Annual Conference. The abstract reviewing progress was also discussed.
- Next meeting to be held on Thursday 7 November 2024.

**Antimicrobial Expert Advisory Group** – Meeting held on 26 March 2024. Next meeting to be held on 3 October 2024.

- In collaboration with AmEAG members, SRT produced a blog exploring how pharmacy professionals utilise science in their day-to-day practice. This blog is published on [the RPS website](#) and was the second most read article on the website in July.

**Industrial Pharmacy Advisory Group** – Meeting held on 22 April 2024. Next meeting to be scheduled.

**National Boards meeting – September 2024**

<b>Title of item</b>	<b>Education and Professional Development: January to August 2024 activities</b>
<b>Open, confidential, or restricted</b>	<b>Open</b>
<b>Authors of paper</b>	Helen Chang
<b>Position in organisation</b>	Associate Director for Education and Professional Development
<b>Telephone</b>	
<b>E-mail</b>	<a href="mailto:Helen.Chang@rpharms.com">Helen.Chang@rpharms.com</a>
<b>Headline summary of paper</b>	An update to Boards of education and professional development activities for the period January to June 2024
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	N/A
<b>Resource implications</b>	N/A

**Open Business**

# **Education and Professional Development activities**

## **update to National Boards**

### **1. Background**

Education and professional development activity for the first half of 2024 largely focussed on developing learning content and resources to support members, including eLearning, webinars, and events. We continued to deliver support for prescribers and are collaborating with Health Education and Improvement Wales (HEIW) to provide a new learning programme for pharmacists in Wales.

### **2. Summary of activity**

#### **2.1. Students**

We delivered a series of joint webinars with NHS England (NHSE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and British Pharmaceutical Students' Association (BPSA) to support third year undergraduate students prepare for the national foundation training recruitment scheme (Oriel) 2024/25. 624 students registered for the webinars which focussed on navigating the recruitment process.

We are planning workshops for August and September that focus on the numeracy and situation judgement test assessments, which form part of the recruitment scheme. There has been a good level of interest in these sessions, with 250 students currently registered. We have also been developing practice questions to support students in preparing further for the assessment.

Details of resources for the national recruitment scheme can be found in our website: <https://www.rpharms.com/development/students/national-pharmacist-foundation-training-recruitment/national-pre-reg-pharmacist-recruitment-help> We've recently updated this with new information from NHSE, HEIW, and NES.

#### **2.2. Foundation training**

Our revision course for foundation trainees kicked off in March; we delivered a total of 25 live webinar dates (in five topic area, each repeated five times). As part of the foundation programme, trainees had access to our mock registration assessment, and the opportunity to attend feedback sessions; we delivered a total of six live sessions (two sessions, each repeated three times). The aim of the programme is to help trainees confidently prepare for their assessment (the majority of trainees will have sat this in June). Engagement with the programme this year has exceeded previous years, with over 1625 trainees registering, demonstrating the ongoing need for high-quality revision support.

We are already planning the foundation trainee programme for the 2024/25 foundation trainees, which will commence in September, and includes the delivery of a series of webinars to guide trainees through the training year.

Additionally, we took action to diversify our foundation educator pool, in light of the RPS differential attainment gap report; as a result, we recruited two new foundation educators to join our team, for delivery of foundation for the 24/25 cohort of trainees.

We also continued to work with NHSE to develop their Foundation Trainee Pharmacist E-Portfolio and have made several changes and enhancements to the user experience. We are now preparing the portfolio for the 2024/25 foundation trainees, and delivered onboarding webinars in July.

## 2.3. Prescribing

We are developing and delivering learning programme for pharmacists in Wales to deliver the Pharmacy Independent Prescribing Service (PIPS) with confidence. The programme is designed to equip pharmacists, mainly in primary care settings, with the essential knowledge, skills, and confidence needed to provide excellent patient care. Further information about the programme can be found on our website: <https://www.rpharms.com/about-us/news/details/new-programme-to-enhance-prescribing-skills-in-wales>

We have organised a 'Becoming a designated prescribing practitioner (DPP)' event in collaboration with the Royal College of Nursing. This is a multidisciplinary event with representation from nursing and paramedic healthcare professionals. The event is to be held on the afternoon of the 22<sup>nd</sup> of October. This event comes at a prudent time as the need for more DPPs within pharmacy increases in preparation for the training of trainee pharmacists graduating independent prescribers and requiring training as part of their foundation training.

In line with other activities focusing on the role of DPPs, we also have a series of blogs being released by current DPPs who are sharing their experiences and journey in becoming a DPP. It is hoped this will encourage others who may be considering the role but don't know where or how to get started.

## 2.4. Mentoring

We continued to see excellent engagement on the RPS mentoring platform; we have 2070 registered users on the site. Our mentoring advisory group continues to support our work; we met virtually in January and April and in person in July 2024 where we discussed the process for the Nina Barnett Award and how we can expand and improve mentoring.

## 2.5. Career support

We have continued to deliver webinars as part of our careers in pharmacy series; learner registrations and attendance has exceeded targets. We delivered our second webinar, 'Careers in education and academia' in January and our third webinar 'Exploring careers in other pharmacy settings' in March and 'Portfolio Careers' in July. All webinars were well received by delegates. In February we also delivered a Careers Fair whereby delegates received the opportunity to speak to pharmacists in multiple different settings about their journey.

## 2.4. RPS Live (educational webinars and events)

We continue to deliver a range of Live learning content to our members, Between January to August, we have delivered six webinars. A summary of the sessions can be found in the table below.

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
January	Careers in Education and Academia	138	96%
January	RPS and NICE webinar series: Suspected acute respiratory infection and virtual ward technologies	145	94%
February	Career opportunities in Pharmacy – careers fair	257	98%

## Open Business

<b>March</b>	RPS and NICE webinar series: Cardiovascular disease and lipid modification	269	100%
<b>March</b>	Exploring pharmacy careers and opportunities	188	100%
<b>July</b>	Portfolio careers	182	91%

Sessions planned for later this year include a series on human factors (a collaboration with Royal Colleges), National Institute for Health and Care Excellence (NICE) clinical updates (a collaboration with NICE) and clinical learning sessions, such as awareness of tick bites and Lyme disease and management of sepsis.

### **2.5. RPS Learn (eLearning)**

We are currently developing a new digital learning platform to host all our educational and learning content. RPS Learn will contain interactive, bite-sized learning all in one place. Members will be able to access learning 24/7, at a time and location that best suits them. There will be a variety of blended learning presented in a range of formats – we aim to deliver accessible and inclusive content that considers individual learning styles and needs. We are planning to launch the platform later this year.

We are currently developing eLearning modules as part of our learning offer for members. We are developing a series of eLearning modules in the areas of clinical conditions, mentoring, prescribing, professional practice and research & evaluation.

### **2.6. Annual conference**

We have been working closely with the RPS Events team to develop the programme for the Annual Conference 2024. The theme of the conference is 'Working across boundaries: Embracing new opportunities and empowering excellence'. See Events update for further information.

National Pharmacy Board meeting – September 2024

<b>Title of item</b>	<b>Assessment &amp; Credentialing: Jan – July activities update</b>
<b>Author of paper</b>	Joseph Oakley
<b>Position in organisation</b>	Associate Director: Assessment & Credentialing
<b>Telephone</b>	0207 572 2334
<b>E-mail</b>	joseph.oakley@rpharms.com
<b>Headline summary of paper</b>	Assessment and Credentialing activities report Jan – July 2024
<b>Purpose of item</b>	This paper is <b>for noting</b> only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
<b>Risk implications</b>	n/a
<b>Resource implications</b>	n/a

## **Activities update to National Boards**

### **Assessment & Credentialing**

#### **1. Executive summary**

- Key **purpose** is to protect the public and integrity of the profession by assuring patient-focussed pharmacists working at advancing levels of post-registration practice.
- Delivers a **key function** of a credible professional leadership body/royal college type organisation.
- Summary 2024 and cumulative **assessment data** are available in **Appendix 1** of this document. More detailed assessment data is reviewed by the relevant RPS assessment panels under the Education & Standards Committee and released annually in the RPS credentialing reports.
- A&C provides RPS with opportunity to:
  - Demonstrate and consolidate its unique leadership position in the sector
  - Introduce an additional (growing) revenue stream into the organisation through assessment fees and e-portfolio provision
  - Provide a post-registration architecture around which to frame an educational and supportive value proposition for those engaging in credentialing pathways
- Key successes:
  - Rapid development of the supporting curricula and establishment of career pathway for those in patient-focussed roles
  - Awarding of national contracts across post-registration Foundation and Advanced levels of practice
  - Growing credibility and leadership in post-registration workforce development and assurance.
  - Securing of additional investment to grow and strengthen internal staffing
- Key challenges:
  - Engagement of employers with integrating RPS credentialing into career progression and job plans/descriptions
  - Lack of regulatory endorsement of curricula and credentials
  - Accessibility of community pharmacy to advanced level **credentials**

- Lack of supportive technology to help automate and scale complex assessment workflows
- Candidate and assessor capacity to engage with and/or support delivery of assessments

### **Key considerations for NPB members:**

How can National Pharmacy Board members:

- help promote the value and importance of RPS credentialing across the countries, especially with employers?
- lobby and influence system leaders to adopt RPS credentialing as the endorsed approach to post-registration pharmacist workforce assurance?

National Pharmacy Board meeting – September 2024

**2. What have been our key success & challenges to date and what are our future opportunities?**

<b>Successes</b>	<b>Challenges</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>✓ Speed &amp; agility of curriculum development and credentialing operationalisation</li> <li>✓ Reputation enhancing and growing credibility in assessment space within and outside of pharmacy</li> <li>✓ Commitment to align workforce assurance and progression to credentialing in Wales from CPhO</li> <li>✓ National contracts agreed in Scotland &amp; Wales for post-registration Foundation (PRF) credentialing</li> <li>✓ Procurement of RPS e-portfolio to support Newly Qualified pathway in England</li> <li>✓ Agreed alignment between NHSE multiprofessional ACP framework and RPS core advanced curriculum</li> <li>✓ Funded pathway to core advanced in England from NHSE Centre for Advancing Practice</li> <li>✓ Pockets of employer buy-in to credentialing</li> <li>✓ Collaboration with CMHP &amp; JV with UKCPA around advanced specialist curricula development</li> </ul>	<ul style="list-style-type: none"> <li>✓ Experience and ability of workforce to build professional portfolios to demonstrate high-stakes clinical capabilities</li> <li>✓ Capacity and capability of workforce and wider system to engage with work-based</li> <li>✓ Employer &amp; system understanding &amp; buy-in to move to post-registration credentialing as a national model for workforce assurance</li> <li>✓ Integration of credentialing as essential/desirable criterion into job descriptions to firmly link success to progression and pay</li> <li>✓ Relevance of advanced credentialing to community pharmacy given limitations of clinical complexity through current commissioned services (especially in England)</li> <li>✓ Candidate performance in research domain across advanced and consultant levels: tension between ambitions for the profession in research and current workforce capability and capacity</li> </ul>	<ul style="list-style-type: none"> <li>✓ Redevelopment of post-registration Foundation curriculum into RPS Enhanced curriculum for post-2026 practice; potential for national programmes across UK to support new prescriber registrants with RPS credentialing used as assurance.</li> <li>✓ Policy support for advancement of non-medical workforce, particularly in England, with potential future funding for pharmacists to undertake advanced credentialing</li> <li>✓ Growing credibility and internal expertise in framework and curriculum design puts RPS in a good position for commissioning for future pharmacy workforce framework/curriculum contracts.</li> <li>✓ Shift towards greater assurance in post-registration space by regulators e.g. NMC</li> <li>✓ UKPPLAB provides opportunity for system wide endorsement of credentialing model for the profession</li> </ul>

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<ul style="list-style-type: none"> <li>✓ Protected title of consultant pharmacist in NHS guidance linked to credentialing</li> <li>✓ Recruitment and development of high-performing (small) team</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unclear position and future direction re: post-registration assurance from the regulator – small risk they could take over assurance or undermine RPS credentialing approach</li> <li>✓ System discontent about expanding non-medical scopes of practice without clear assurance and scope e.g. Pas</li> </ul>	<ul style="list-style-type: none"> <li>✓ Further opportunity to demonstrate tangible professional leadership in this space</li> <li>✓ Provides potential for valuable member education &amp; support products &amp; services as part of MVP</li> </ul>
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### 3. What are the 2024-2027 strategic ambitions of the function considering these challenges & opportunities?

To address the challenges above and position the RPS in the strongest position to exploit the potential opportunities, a new set of strategic aims for the function were determined to span 2024-2027 following the end of the preceding strategy. These strategic aims are:

	<b>Strategic aim</b>	<b>Strategic outcome</b>
<b>AC1</b>	<b>Delegated authority</b>	RPS is endorsed by the system (including by professional leaders and the regulator) as the singular body for the definition and assurance of post-registration standards for pharmacists in patient-focused roles.
<b>AC2</b>	<b>Integration</b>	RPS credentialing is integrated by employers into the progression and assurance of the UK pharmacist workforce, with an initial focus on NHS-employed and GP pharmacists.
<b>AC3</b>	<b>Thought leadership</b>	RPS is recognised as the thought leaders for post-registration pharmacy curriculum & assessment design.
<b>AC4</b>	<b>Collaboration</b>	RPS has tangible strategic collaborations in place with key educational partners, including SIGs, HEIs and CPPE.
<b>AC5</b>	<b>Membership</b>	RPS membership value is strengthened through engagement with RPS curricula and credentialing.
<b>AC6</b>	<b>Roadmap</b>	RPS defines the career roadmap inclusive of the whole pharmacist profession

<b>AC7</b>	<b>E-portfolio</b>	RPS has sector leading e-portfolio solution supporting recording and assessment of work-place learning.
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By meeting these aims, the RPS will:

- entrench its leadership position as the principal leadership organisation in the pharmacist workforce space.
- grow its assessment activity (and related assessment revenues), moving the function towards cost neutrality.
- have a framework for the provision of a clear value proposition for members undertaking credentialing pathways; curricula act as the architecture onto which education, support & networking products & services can be positioned as part of the membership value proposition.

#### **4. Who are our key external pharmacy strategic partners in achieving these aims (as part of AC4)?**

	<b>Opportunity</b>	<b>Progress to date</b>	<b>Future potential for 2024-27 strategy</b>	<b>Engagement RAG</b>
<b>Statutory education bodies (NHSE, HEIW, NES, NICPLD)</b>	<ul style="list-style-type: none"><li>• Alignment of commissioned provision to RPS curricula</li><li>• Contractual bulk purchasing of RPS credentialing assessments for the workforce</li></ul>	<ul style="list-style-type: none"><li>• National programmes commissioned at PRF level in Wales &amp; Scotland ending in credentialing</li><li>• Funding of 300 pharmacists through core advanced credentialing in England</li><li>• Engagement and support for credentialing as a model across all SEBs</li></ul>	<ul style="list-style-type: none"><li>• National programme aligned to new Enhanced curriculum and assured through RPS credentialing in England from 2026 to support new pharmacist prescribers</li><li>• Further centrally funded places for advanced &amp; consultant credentialing across UK</li><li>• Commissioning of other pharmacy-related frameworks and curricula</li></ul>	

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<b>Employers</b>	<ul style="list-style-type: none"> <li>Alignment of workforce assurance to credentialing model</li> <li>Integration of credentialing into job descriptions, pay &amp; progression</li> <li>Integration of time to develop and assess credentialing portfolios into job plans</li> </ul>	<ul style="list-style-type: none"> <li>Commitment to credentialing as model for post-registration workforce assurance from 2026 by CPhO in Wales</li> <li>Individual trust-level alignment and buy-in e.g. Glasgow and NW England</li> <li>Support from a number of leaders to assess portfolios and posts</li> </ul>	<ul style="list-style-type: none"> <li>Wider CPhO support for post-registration credentialing model across the UK</li> <li>Regional/national adoption of credentialing as first choice for workforce assurance</li> <li>Support for RPS credentialing as UK-wide support and assurance mechanism for newly qualified pharmacist prescribers</li> <li>UK-wide integration of credentialing into job descriptions for role progression</li> <li>Integration of RPS portfolio work into job plans: portfolio development, supporting others and assessing portfolios</li> </ul>	
<b>Pharmacy schools &amp; HEIs</b>	<ul style="list-style-type: none"> <li>Incentivisation of credentialing through post-graduate academic pathways</li> </ul>	<ul style="list-style-type: none"> <li>Development of university-delivered training programmes against RPS PRF curriculum, culminating in credentialing (UEA, Cardiff)</li> <li>Increased interest in alignment of post-graduate academic provision to RPS PRF and advanced curricula</li> </ul>	<ul style="list-style-type: none"> <li>Universal alignment of academic courses to RPS curricula, improving standardisation of provision and incentivising credentialing</li> <li>Development of regional collaborative hubs between RPS and HEIs to provide infrastructure and support to pharmacists to develop advanced education &amp; research capabilities</li> </ul>	

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		<ul style="list-style-type: none"> <li>with signposting to credentialing</li> <li>Development of collaborative strategy to support pharmacists to advanced level practice.</li> </ul>		
<b>CPPE</b>	<ul style="list-style-type: none"> <li>Incentivisation of credentialing through post-graduate CPPE training pathways</li> </ul>	<ul style="list-style-type: none"> <li>Realignment of existing CPPE content and resources to RPS curricula</li> <li>NHSE funded collaborative pathway to provide educational supervision to pharmacists towards advanced practice credentialing</li> </ul>	<ul style="list-style-type: none"> <li>Further funding in England to support pharmacists through enhanced and advanced level credentialing</li> </ul>	
<b>GPhC</b>	<ul style="list-style-type: none"> <li>Regulatory endorsement of RPS curricula and credentialing assessments.</li> <li>Delegated authority for definition and assurance of post-registration standards through GPhC oversight/quality assurance/accreditation mechanism</li> <li>Inclusion of credentialing affixes on GPhC register</li> </ul>	<ul style="list-style-type: none"> <li>GPhC representation on each of the curriculum development groups</li> <li>RPS representation on GPhC post-registration assurance advisory board</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of revalidation to RPS curricula and credentialing</li> <li>Formal endorsement of RPS as post-registration standard setter and assurance body (akin to medical royal colleges)</li> </ul>	

**5. What are our main deliverables for 2024?**

<b>What was delivered in H1?</b>	<b>What are our areas of focus for H2?</b>
<ul style="list-style-type: none"><li>• Development of RPS GPhC mock assessment papers</li><li>• Delivery of post-registration Foundation (PRF) assessments</li><li>• Recruitment and engagement of 92 PRF assessors</li><li>• Delivery of core advanced (CA) assessments</li><li>• Delivery of consultant pharmacist (CP) assessments</li><li>• Processing of 10 consultant post applications</li><li>• Delivery of Advanced Pharmacist Assessment Panel (APAP) &amp; Education &amp; Standards Committee (ESC)</li><li>• Recruitment and establishment of Post-registration Foundation Assessment Panel (FPAP)</li><li>• Development and launch of PRF e-portfolio assessor interface</li><li>• Tender response for further funded places for advanced credentialing through Centre for Advancing Practice</li><li>• Consultation on advanced specialist curricula (mental health &amp; critical care)</li><li>• Establishment of joint venture with UKCPA to govern collaborative curriculum development</li><li>• Delivery of presentations at pharmacy conferences: e.g. CPC, NES conference</li><li>• Establishment and delivery of RPS &amp; HEI strategy T&amp;F group to inform strategy development</li><li>• Development of successful business case for investment in function's staffing</li><li>• Recruitment of Head of Assessment, Curriculum Development Manager and Assessment co-ordinator</li></ul>	<ul style="list-style-type: none"><li>• Deliver BAU assessments and governance across all levels as projected and planned</li><li>• Develop a strategic critical narrative for the A&amp;C function for use internally and externally with the comms dept; create a standardised 'credentialing engagement pack' for the team (and wider) to use as an initial tool to discuss credentialing with external stakeholders</li><li>• Develop 2 x member only pieces of content (webinar, resources, recorded content) to support successful portfolio development</li><li>• Present our work at the RPS conference with UKCPA and CMHP</li><li>• Develop business case for investment in workforce policy</li><li>• Deliver additional training for PRF assessors and chairs following learnings/feedback from initial cohorts</li><li>• Complete programme plan and constitute project group(s) for PRF → enhanced curriculum review project launching January 2025</li><li>• Drive greater conversion to portfolio submission for those on the NHSE funded core advanced pathway (target of 150 submissions by end of year)</li><li>• Prepare for publication of our joint RPS/PhSC advanced practice collaborative strategy for early 2025</li><li>• Deliver advanced practice summit and publish blog in PJ</li><li>• Launch 2 x advanced specialist curricula with CMHP</li></ul>

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	<ul style="list-style-type: none"><li>• Develop and launch specialist e-portfolio modules (funding dependent)</li><li>• Spec and update CP e-portfolio to align with Core Advanced functionality</li></ul>
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**Appendix 1: Credentialing assessment data**

**2024 data**

	Candidate numbers				First time pass rate	Resit pass rate
	Total	E	S	W		
<b>Post- registration Foundation</b>	32	0	11	21	50%	-
<b>Core Advanced</b>	56	51	5	0	60%	91%
<b>Consultant</b>	24	18	1	2	39%	83%

**Cumulative data**

	E- portfolio users	Candidate numbers				First time pass rate	Resit pass rate
		Total	E	S	W		
<b>Post- registration Foundation</b>	2581	32	0	11	21	50%	-
<b>Core Advanced</b>	1970	84	77	7	0	61%	91%
<b>Consultant</b>	1597	97	66	11	14	49%	79%