

Community Pharmacy Expert Advisory Group Agenda

Monday 19<sup>th</sup> May 2025 (19.30 – 21.30) By teams

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**Meeting ID: 329 395 617 417 8**

**Passcode: go6Q5gv7**

**1: Welcome, Apologies and welcome Led by Janice Perkins (5 min)**

<b>Description</b>	To welcome and note apologies.
<b>Outcomes</b>	<b>CPEAG Attendees:</b> Janice Perkins Waqas Ahmad Paul Jenks Patricia Ojo Sarah Passmore Gary Evans Fiona McElrea Shilpa Shah Apologies: Jonathan Smith  <b>RPS Attendees:</b> Alwyn Fortune Neal Patel Sara Visram Kina Vyas Wing tang Heidi Wright

**2: RPS Update on Professional Liability Insurance for members, Led by Neal Patel (10 min)**

<b>Description</b>	To provide an update on the Professional Liability Insurance (PLI) offering for RPS members
<b>Purpose</b>	To update CPEAG on this new benefit available to RPS members

<b>Outcomes</b>	<p>An update was provided by Neal Patel</p> <ul style="list-style-type: none"> <li>• Background to the insurance and why RPS is offering this as a benefit to members only</li> <li>• Followed research with members via a survey with members indicating their desire for an alternative insurance provider</li> <li>• PLI covers everyone irrelevant of sector or role/stage in practice, covers all regulated activities including prescribing and specialist roles (e.g. QP)</li> <li>• One fixed price for employed pharmacists and one fixed price for self-employed pharmacists</li> <li>• No-profit taken by RPS</li> <li>• Opt-out option available</li> <li>• Members can access FAQs through the RPS website and specific insurance queries are picked up directly by the insurance providers, AON</li> </ul> <p>The Group welcomed the presentation and felt it was a positive addition from the RPS for members to consider</p>
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**3: Independent prescribing, Update from the Education and Professional Development team (EPD), Led by Kina Vyas and Sara Visram (30 min)**

<b>Description</b>	<ul style="list-style-type: none"> <li>• Overview of what RPS EPD team does</li> <li>• Plans for the RPS Prescribing programme (launching June 2025)</li> <li>• Followed by Q&amp;A/discussion</li> </ul> <p>The group will have the opportunity to suggest ideas pertinent to practice that will benefit members wherever there may be in their prescribing journey.</p>
<b>Purpose</b>	<p>To update CPEAG on forthcoming work from the RPS around Independent Prescribing, and to hear from the group of what areas they suggest could be areas of focus for the RPS.</p>
<b>Outcomes</b>	<p>Presentation provided by Kina Vyas and Sara Visram</p> <ul style="list-style-type: none"> <li>• Update provided around the work of the education and development team, around lifelong learning and development programmes</li> <li>• Blended approach to learning for members</li> <li>• Providing members with the confidence to achieve key milestones/develop practice</li> <li>• An overview of the RPS prescribing programme was provided</li> <li>• Resources available for members – e-learning, webinars, support line etc</li> </ul> <p>Feedback was requested from CPEAG around areas that would be beneficial in practice to members at all stages of their prescribing journey. Feedback can be summarised in the following</p> <ul style="list-style-type: none"> <li>• DPP is critical, especially with cohorts of new prescribers</li> <li>• Networking/support for trainees</li> <li>• Expanding scope of practice, both depth of current scope and increasing breadth into other clinical areas</li> <li>• Professional considerations</li> <li>• Clinical leadership – relationships with other practitioners</li> </ul>

	<ul style="list-style-type: none"> <li>• Ability to say no to patients if not clinically appropriate, dealing with expectations of patients</li> <li>• Communicating risk and benefit, so patient can make a shared decision with the prescriber</li> <li>• Resources all in one place to aid prescribers including signposting to non RPS tools and guidance to avoid duplication</li> <li>• Building confidence and helping develop assurance for qualified Independent Prescribers who have not prescribed for some time.</li> </ul>
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#### 4: Facilitated Sale of P medicines, Led by Wing Tang, Heidi Wright (45 mins)

<b>Description</b>	<p>To further utilise the expertise of CPEAG as RPS looks to develop guidance around the facilitated sale of P medicines.</p> <p><b>Draft</b> guidance and high-level policy statements have been shared in advance with the group</p> <p>The group are asked to review the guide prior to the meeting and discussions will focus on the following points</p> <ul style="list-style-type: none"> <li>• <i>Audience – is it clear it’s for community pharmacists and their teams?</i></li> <li>• <i>Problem – is it clear why we need this guide? E.g. to support community pharmacy teams to implement the model safely</i></li> <li>• <i>Solution – is the call to action clear (e.g. perform risk assessments, use professional judgement) and will this guide have a positive impact on the audience and to patient safety?</i></li> <li>• <i>Uniqueness - is the guide valuable, relevant and achievable in practice?</i></li> <li>• <i>Roles and responsibilities – do you agree with who is responsible for actions specified?</i></li> <li>• <i>Current ways of working – how are you implementing the model in your pharmacy, what barriers have you encountered, could you share good practice example of what went well and what didn’t?</i></li> <li>• <i>What’s missing?</i></li> </ul>
<b>Outcomes</b>	<p>Heidi Wright shared an updated <b>position statement</b> (also shared in advance of the meeting) with the group, which has incorporated changes as a result of the previous CPEAG meeting.</p> <ul style="list-style-type: none"> <li>• Thoughts provided by the group on the tone of language, language could be softened</li> <li>• Ensure the statement makes it clear that the model is an option for pharmacies, not necessarily suitable for all.</li> <li>• Consideration of the use of the words ‘in principle’ within the statement</li> <li>• ‘Limited published evidence’, doesn’t mean there is a problem</li> <li>• Frame around ‘removing barriers to accessibility’</li> <li>• Definition of facilitated self-selection of P medicines up front</li> </ul>

	<p><b>Wing Tang</b> provided an update on the Professional Guidance that will accompany the position statement.</p> <p>The group provided some specific thoughts captured below and will forward on any additional thoughts</p> <ul style="list-style-type: none"> <li>• <i>'Refer to another pharmacist in the same pharmacy'</i> – not practical when you are the RP –</li> <li>• <i>'Closing off the facilitated self-selection of the pharmacy to prevent access'</i> – impractical when P medicines are mixed with GSL in condition categories, depends on the pharmacy, so maybe add 'where appropriate'. In addition, 'closing off' suggests the medicines can then not be sold at all.</li> <li>• <i>'There's not enough staff'</i> – should be about the skills of the staff, not the number, difficult to define 'enough'</li> <li>• Responsibility of SI/owner to make potential locum pharmacist/new employee aware that a facilitated self-selection of P medicines model is in place</li> <li>• Language and detail of scenarios where there may be problems, potentially makes the model appear unnecessarily difficult to implement, when there are examples of this operating well in practice.</li> </ul> <ul style="list-style-type: none"> <li>• As the Guidance is worded, it appears it's aimed at owners, too much information and too complicated for a relatively straight forward process</li> <li>• <b>Would benefit from a more concise approach</b></li> <li>• Potential to add in case studies?</li> <li>• A list of 'unsuitable medicines' is not practical though example categories is helpful. The decision will vary between pharmacies based in location and patient cohorts.</li> </ul> <ul style="list-style-type: none"> <li>• Consider if sections of the document can be split into the intended audience e.g. Section for 'Pharmacy owners', Superintendent pharmacists, Responsible Pharmacist etc.</li> </ul>

**4: AOB – led by Janice, 5 mins**

<p><b>Description</b></p>	<p>To discuss AOB, please inform chair prior to the meeting</p>
<p><b>Outcomes</b></p>	<p><b>Hub and spoke (across two legal entities)</b></p> <p>Group were asked to consider if guidance/support was needed</p> <p>The group provided the following thoughts</p> <ul style="list-style-type: none"> <li>• Guidance potentially required, things to work through and what to do/consider when things don't go well, however it's too early to pull together yet.</li> <li>• Number of organisations may be well placed to collaborate on a piece of guidance</li> <li>• Give people the tools to enable a logical process of consideration</li> </ul>

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- What is the process when patients have not provided informed consent to have prescription dispensed by a different legal entity

**For noting:**

**Next meeting CPEAG: Monday 14<sup>th</sup> July 2025**