

Community Pharmacy Expert Advisory Group (CPEAG) Agenda
Mondy 31st March 2025 19.30 – 21.30 By teams

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1: Welcome, Apologies and welcome Led by Janice 30 mins

Description	To welcome and note apologies. Introductions and to welcome new members to the group Terms of reference and ways of working
Outcomes	Attendees Janice Perkins, Anna Matthews, Shilpa Shah, Dina Thakker, Fiona McElrea, Sarah Passmore, Gary Evans, Paul Jenks, Jonathan Smith, Patricia Ojo Amul Mistry, Osman Ali, Neal Patel, Wing Tang, Alwyn Fortune Apologies received from Waqas Ahmed JP welcomed new and returning members to the group A round of introductions were conducted JP touched upon the TOR with the group, ways of working, meeting structures/agenda setting and frequency. An explanation was provided how the work of the group impacts on RPS policy, guidance and the wider work of RPS teams. Action <ul style="list-style-type: none">• Members of the group who have not yet done so, please return signed Member agreements by 21st April 2024

2: Update RPS key priorities – led by Alwyn Fortune 20 mins

Description	To update CPEAG on RPS key priorities to include <ul style="list-style-type: none"> - 2024 RPS GB Business Plan update - 2025 –2027 RPS GB Business Plan
Purpose	To inform and update CPEAG of RPS Key priorities
Outcomes	AF provided a presentation and overview of the RPS structure and the changes that will take place as a result of the transition to the Royal College of Pharmacy. An explanation was given of where Expert Advisory Groups sit within that structure and how their expertise is utilised by the three National Country Boards. Examples of how the work of CPEAG has influenced Board decisions and the wider work of the RPS were given and returning members of the group reflected how positive it was to see their discussions coming to fruition and reflected in the work of the RPS. CPEAG were informed that documents shared with them are often at an early stage with feedback required to refine, there will be instances where these documents are confidential and not for wider sharing at that point. The PowerPoint presentation will be shared with the group.

3: RPS Engagement- led by Neal Patel – Associate Director of Membership, 15 mins

Description	Highlighting upcoming activity of the engagement team with a focus on planned regional conferences during 2025. CPEAG will have an opportunity to input content ideas around the themes highlighted by the engagement team
Purpose	To update the group on RPS future conferences and to gain initial thoughts from the group around content.
Outcomes	NP provided an overview of the work of the engagement team. The group were informed of two additional conferences the RPS will be holding this year, in Birmingham and Glasgow to ensure a local feel to the delivery of the conference. An overview of the structure of the conferences was given and a request to the group for potential suggestions for trailblazer talks. A discussion was had around the ways to engage and support more community pharmacists to be able to attend the conference. Action The group to feedback on any suggestions for trailblazer talks

4: Facilitated self- selection of P medicines – Led by Wing Tang – Head of professional Standards – 45 mins

Description	<ol style="list-style-type: none"> 1. A verbal update and outcome following recent board discussions around the facilitated self-selection of P medicines 2. Discussion to gather CPEAG insights around professional guidance 3. Outline guidance update and CPEAG insights discussion <ol style="list-style-type: none"> a. Testing practical elements of a high-risk medicines’ lists / not for self-selection lists
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	<p>b. A discussion around responsible pharmacist autonomy within a pharmacy running a facilitated self-selection model</p>
<p>Outcomes</p>	<p>WT gave an overview of the work of the group to date</p> <ul style="list-style-type: none"> • Provided a backdrop to the history of the self-selection of P medicines with the RPS previous policy position being in place from 1950 and currently at odds with the regulator and some areas of practice • National Board discussions were held in June 2024 and a subsequent call for evidence was issued together with a Literature review by the Science and Research team at RPS • Agenda item for CPEAG at previous meeting • At the February meeting of CPEAG, three options were provided to Boards and a unanimous decision was to choose option C, that being “Acknowledging the change of regulation and building a policy that enables facilitated sale of P medicines in certain conditions and with additional professional safeguards for patients built into supporting guidance.” • A very early draft policy position statement was shared with group and WT explained this will sit alongside guidance <p>Feedback from the group</p> <ul style="list-style-type: none"> • Needs a stronger focus on role of the Superintendent <p>Statement 1 - The facilitated self-selection of pharmacy (P) medicines should only occur in certain conditions and where additional safeguards for people are built into the model.</p> <ul style="list-style-type: none"> • “Should only occur in certain conditions” – Gives the impression the facilitated sale of P medicines should not occur, which is not what we should be saying • Feels like ‘certain conditions’ would need defining if to be used <p>Statement 2 - Where pharmacies operate a model that enables the facilitated self-selection of P medicines, the responsible pharmacist (RP) must retain autonomy to make decisions on the operational aspects of this service to ensure patient safety.</p> <ul style="list-style-type: none"> • What does autonomy mean? - Very difficult if an RP decided to not operate the model in a pharmacy on a given day, practicality of this plus confusion and risk for staff and patients • Need to consider service continuity • Superintendent should decide how facilitated sale of P medicines works on a day-to-day basis. It needs to be a company decision but with shared decision making • RP needs to satisfy themselves they are comfortable to work in a facilitated self- selection of P medicines environment before accepting employment (employed or self- employed) • RP has autonomy to ensure the pharmacy and the processes it operates under are running safely • Align wording much more closely to that of the GPhC – “The Responsible Pharmacist (RP) has responsibility for all activity undertaken within a pharmacy that needs to be carried out under the supervision of a responsible pharmacist. This includes the sale of P-Medicines. The RP

	<p><i>needs to be confident they are able to appropriately supervise sales of P-Medicines. Pharmacists have a professional duty to provide person-centred care, however if they are not satisfied that they can appropriately supervise sales of medicines, they may need to consider signposting patients to other providers”</i></p> <p>Statement 3 - Professional and regulatory guidance must be adhered to at all times. The RP must be satisfied that arrangements are in place ensure patient safety is maintained at all times, that all staff involved in the facilitated self-selection of P medicines are appropriately supported and have undergone the necessary training and assurance of competence.</p> <ul style="list-style-type: none"> • “Arrangements in place” is vague • “Satisfied staff are adequately trained” – but what is the criteria for this? Rephrase around – “team members trained to an appropriate level and know when to refer”? • Responsibility to be on Superintendent to ensure staff are adequately trained <p><u>General comments of the group</u></p> <ul style="list-style-type: none"> • Guidance is important around this – should be themed around ‘things to consider’ (is there a significant reason why you wouldn’t do this?) • Importance of the role of the Superintendent • This model will not be suitable for all pharmacies, it’s enabling not mandatory • Within a large multiple already operating a facilitated self-selection model, there is no A-Z list of medicines not suitable, the list would date very quickly and one size doesn’t fit all for pharmacies. There are broad categories of medicines considered not appropriate for self- selection <p>The group were informed this is a very early draft of some policy statements and guidance and we will return to the group with further iterations. The group were informed the RPS will be working with stakeholders to help shape policy and guidance to ensure it is practical and supports the profession.</p>
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4: AOB – led by Janice, 5 mins

Description	To discuss AOB, please inform chair prior to the meeting
Outcomes	<p>The group were thanked for all their contributions</p> <p>The next meeting of the group is scheduled for Monday 19th May. 7.30-9.30pm, a meeting invite will be shared in due course</p>